Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1964

BY

J. B. S. MORGAN
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

HEANOR, DERBYSHIRE:
ARTHUR GAUNT & SONS (*PRINTERS*) LTD.

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COUNTY MEDICAL OFFICER OF HEALTH

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COUNTY HEALTH COMMITTEE
(As at 31st December, 1964)

ALDERMAN MRS. E. HARRISON
(Chairman)

COUNCILLOR M. HEWITT
(Vice-Chairman)

Aldermen

J. ANDERSON
G. COCKER
N. GRATTON
J. W. HALL
MRS. E. G. REDFERN
MRS. D. M. SUTTON
E. WRIGHT
A. F. T. WYATT

Councillors

H. S. ARMITAGE
F. BLUNT
J. CARTER
S. F. COLLINS
R. CRESSWELL
J. DENTON
H. FISHER
W. GARDNER
F. JOHNSON
W. McBAIN
C. J. MERREY
MRS. G. MOORE
K. A. PRIESTNALL
J. STEVENSON
W. H. WHITEHEAD
J. WILLIAMSON
G. H. WOODHAM

Co-opted Members

DR. R. R. LANE
R. BONNER-WILLIAMSON ESQ.
A. E. HARVEY, ESQ.
J. BRAMLEY, ESQ.
MRS. S. A. JERVIS
MRS. D. M. ASHLEY

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN A. F. T. WYATT
COUNCILLOR F. BLUNT
COUNCILLOR S. F. COLLINS
COUNCILLOR H. FISHER
COUNCILLOR M. HEWITT
COUNCILLOR W. H. WHITEHEAD

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN J. W. HALL
ALDERMAN MRS. E. G. REDFERN
ALDERMAN MRS. D. M. SUTTON
COUNCILLOR F. BLUNT
COUNCILLOR J. CARTER
COUNCILLOR H. FISHER
COUNCILLOR W. GARDNER
COUNCILLOR M. HEWITT
COUNCILLOR W. McBAIN
COUNCILLOR W. H. WHITEHEAD
COUNCILLOR J. WILLIAMSON

Co-opted Members:—
ALDERMAN MRS. A. M. BELFIELD, ALDERMAN L. HEATH, DR. H. BAILEY, DR. W. J. BARBOUR, DR. J. STIRLAND and DR. J. A. STIRLING. TOGETHER WITH THE MEDICAL SUPERINTENDENTS OF KINGSWAY HOSPITAL, ASTON HALL HOSPITAL, PASTURES HOSPITAL and WHITTINGTON HALL HOSPITAL.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN MRS. D. M. SUTTON
ALDERMAN A. F. T. WYATT
COUNCILLOR J. CARTER
COUNCILLOR S. COLLINS
COUNCILLOR M. HEWITT
COUNCILLOR W. H. WHITEHEAD

Child Minders Sub-Committee

ALDERMAN MRS. E. HARRISON
COUNCILLOR M. HEWITT
Local County Councillor as appropriate to each application

Laundry Service Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN J. W. HALL
ALDERMAN MRS. E. G. REDFERN
ALDERMAN MRS. D. M. SUTTON
ALDERMAN A. F. T. WYATT

COUNCILLOR J. CARTER
COUNCILLOR M. HEWITT
COUNCILLOR MRS. G. M. MOORE

Home Help Service Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN MRS. D. M. SUTTON

COUNCILLOR S. F. COLLINS
COUNCILLOR M. HEWITT
COUNCILLOR MRS. G. M. MOORE

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1964, its membership was as follows:—

Representing the County Health Committee.
ALDERMAN MRS. E. HARRISON (*Chairman*)
ALDERMAN MRS. D. M. SUTTON
COUNCILLOR M. HEWITT
COUNCILLOR K. A. PRIESTNALL

Representing the Education Committee.
ALDERMAN MRS. G. BUXTON
ALDERMAN MRS. O. EDEN
ALDERMAN J. B. HANCOCK
COUNCILLOR T. R. WRIGHT

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1964)

ALDERMAN C. FEAKIN
(*Chairman*)

COUNCILLOR T. T. JENNINGS
(*Vice-Chairman*)

Aldermen

J. ANDERSON
H. G. BOOTH
G. W. COCKER
A. FOWLER
N. GRATTON
MRS. D. M. SUTTON
A. F. T. WYATT

Councillors

F. R. BOTT
M. W. BOWMER
J. W. DENTON
F. W. ELDRIDGE
J. P. GADSBY
J. G. A. GREEN
MRS. D. HARDMAN
L. HARRIS
J. H. HIGGINBOTTOM
J. McKAY
C. MITCHELL
D. E. SKINNER
G. SMITH
J. W. TRIPPETT

Milk Licences Sub-Committee

ALDERMAN C. FEAKIN
COUNCILLOR T. T. JENNINGS

Rural Water Supplies and Sewerage Acts Sub-Committee

ALDERMAN G. H. BOOTH
ALDERMAN C. FEAKIN
COUNCILLOR M. W. BOWMER
COUNCILLOR F. W. ELDRIDGE
COUNCILLOR J. McKAY
COUNCILLOR T. T. JENNINGS

To the Chairman and Members of the
Derbyshire County Council

Ladies and Gentlemen,

I have the honour to present the 75th Annual Report on the health of the County of Derby.

The Birth Rate and Death Rate from all causes per 1,000 of the population (which is estimated to be 771,410) were respectively 17.29 and 12.15: the corresponding rates for England and Wales (provisional) were 18.4 and 11.3. The national birth rate of 18.4 per thousand was the highest since 1947. The **Infant Mortality** rate was 17.74 deaths under one year of age per 1,000 live-births, which is the lowest ever recorded: the provisional figure for England and Wales was 20.0 which is also the lowest ever recorded. The Table on page 18 sets out the figures for Derbyshire since 1930; your attention is also drawn to the Tables on pages 18 and 19 relating to neo-natal and early neo-natal mortality, as well as to the comments on perinatal mortality. The **Maternal Mortality** rate was 0.22 per 1,000 live- and still-births, and is the lowest figure recorded in this County. (For England and Wales the provisional figure was 0.20). The Table on page 42 shows the mortality over the last fifteen years. The percentage of **Illegitimate Births** was 4.55 as compared with 4.17 in the previous year, and 4.20 in 1962. (The illegitimacy rate for England and Wales in 1964 was 7.2 compared with an average of 6.0 for the preceding 5 years).

There were 8,299 **deaths** compared with 8,344 in the previous year.

Of the 8,299 **deaths,** 1,144 were certified as being due to **Heart Disease** and 1,213 as being due to **Vascular Lesions of the Nervous System.** The number of deaths from **Coronary Disease,** including **Angina Pectoris,** which had shown a gradual rise during the past few years, from 942 in 1954 to 1,520 in 1962, dropped to 1,504 in 1963, but rose to 1,605 in 1964.

During the year there were 1,460 deaths which were certified as being due to **Malignant Disease:** the lesion was in the stomach in 186 patients, in the lung or bronchus in 308, in a breast in 143, and in the uterus in 67.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lung, for 1950 and subsequent years:—

Year	Deaths from		Total
	Respiratory Tuberculosis	*Malignant Neoplasm of lung or bronchus*	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	278
1954 ..	80	165	245
1955 ..	74	173	247
1956 ..	51	233	284
1957 ..	51	210	261
1958 ..	46	230	276
1959 ..	34	250	284
1960 ..	39	300	339
1961 ..	29	267	296
1962 ..	33	276	309
1963 ..	27	296	323
1964 ..	24	308	332

The number of deaths from **bronchitis** in the administrative County in the year under review was 538, while last year it was 533. Recently a Memorandum on "Chronic Bronchitis" has been prepared by the Standing Medical Advisory Committee for the Central Health Services Council and the Minister of Health, which "deals with the preventive aspects of care of the patient with chronic bronchitis, a condition which according to the Registrar General's mortality statistics accounts for nearly six per cent of all deaths and which is the third most common cause of death in men over 30. Although its origins are not fully understood, there is now strong evidence that cigarette smoking, air pollution and episodes of infection are important causal factors. The family doctor can play an important part in improving the outlook for the bronchitic by stressing to his patients the aetiological role of cigarette smoking and the importance of controlling as far as possible the indoor home environment and by ensuring that episodes of infection are thoroughly treated."

Venereal Diseases. Your attention is drawn to a quotation on page 123 from a leaflet prepared by the Ministry of Health in consultation with the Home Office and the Department of Education and Science, which sets out in simple form some important facts about venereal disease, particularly gonorrhoea, in women. In a letter to me forwarding the leaflet, Sir George Godber, the Chief Medical Officer of the Ministry of Health, states:— "This is intended for distribution to social workers and others who, in the course of their normal work, may come to know that individual women and girls have had casual or promiscuous sexual intercourse and may therefore have contracted the disease and be a source of infection to others, even though they show no symptoms. The object of distributing the leaflet is to ensure that these social workers and other people in positions of influence are themselves aware of the facts so that they may, if they think fit, pass them on to such girls and women when occasion arises and encourage them to go voluntarily to a clinic for examination and, if necessary, treatment. Needless to say, this leaflet should only be used with great discretion. It is not intended for distribution to the girls or women themselves."

In the introduction to the November, 1964 issue of the monthly magazine of the World Health Organisation, the following appears:—

> "A few years ago it was widely agreed that the VD problem would soon be solved for good. After the advent of penicillin in fact, a spectacular drop in the number of cases occurred. Today, however, despite progress, VD is on the increase in many parts of the world. The number of cases of gonorrhoea is going up rapidly and in some countries syphilis has reached the same level as at the end of the second world war . . . The situation today has changed because the efficacy of penicillin, its low cost and the ease with which it can be administered have created a misleading impression of security: exposed persons are indifferent to the risk of infection and are less afraid of the consequences of VD."

Milk

If you consult page 20 of this Report, you will see the care which is exercised in making milk safe for human consumption. Among the "Sayings of the Year" in *The Observer* of December 27th, 1964, it was reported that Lady Summerskill, a Life Peeress who is also a qualified Doctor, said, "We are becoming a bottle-fed nation. I am beginning to think that although a woman is adapted to feeding a baby, certain parts of her anatomy will soon become vestigial structures if this goes on."

Perhaps it would not be inappropriate to remind you of what Sir Truby King, a world famous New Zealand Doctor, said years ago: "One of the most loving acts that a mother can perform is to feed her baby."

Mr. Winston Churchill has been famous for many wise utterances. On 21st March, 1943, he said: "There is no finer investment for any community than putting milk into babies." As a medical man, I agree with this remark, providing it is understood to be either their own mother's milk or pasteurised cow's milk.

Advances in medical knowledge are continually being made, but good health is secured only by the proper application of that knowledge. More and more drugs are coming on the market, which are useful for controlling disease, pain and worry, but they have to be prescribed with discretion, otherwise in some instances undesirable side effects, including addiction, might become prominent features. Professor Roger Froment, a famous French cardiologist, wrote in the magazine of the World Health Organisation in May-June, 1964: "The more the technical possibilities of medicine increase, the more the patient needs the protection of the doctor's ethics." In writing in this way, he puts the doctor on guard against the temptations of our time. A Doctor, whose name shall remain anonymous, who was suffering from Parkinsonism, said, "I feel deeply grateful to my physician, who has given me an altogether different life. And I would thank also those enigmatic plants of the Solanaceae which accomplish, within the microscopic compass of their cells, organic syntheses, doubtless of value to themselves, which elsewhere would require the resources of a research institute."

In the 4th June, 1965, issue of *The Medical Officer* it was reported that Mr. Kenneth Robinson, the Minister of Health, when speaking about services for the mentally handicapped, "defined a satisfactory service as consisting of three main elements: (i) suitable work or occupation either in normal employment, in sheltered employment or in an adult training centre; (ii) a suitable place in which to live, preferably with their own family or in accommodation found by the LHA (including residential hostels); and (iii) the support and advice of social workers. It was essential to plan a service containing all these elements. One was no use without the others."

Dr. Francis Bach, a Consultant in Physical Medicine and Rheumatology, is reported to have said—"Whether a person gives up and goes to bed or carries on, is often a matter of will power. Ability and disability are so much a part of the mind."

I quote, without comment, from "A Running Commentary by Peripatetic Correspondents" which appeared in *The Lancet* on June 5th, 1965:— "Psychiatrists are seldom completely sane, but in Canada, where only the best is good enough, none is taken on unless he has been certified."

Once again I have to thank the Members of the County Health, Education, and the Weights and Measures and Miscellaneous Services Committees for their support in obtaining improvements to the Health Services, and especially their respective Chairmen, namely Alderman Mrs. E. Harrison, Alderman Mrs. G. Buxton, and Alderman C. Feakin; the County Clerk and the Heads of Departments for their co-operation; and the members of my own Department for their loyal assistance and not least my Deputy, Dr. V. J. Woodward, the Principal Dental Officer, the Senior Medical Officers for Maternal & Child Welfare, Mental Health, and School Health, the Supervisors of Health Visiting, Home Nursing and Midwifery, the Ambulance Officer, the Public Health Inspector, and the Chief Clerk, throughout a year in which a great deal of thought was given not only to maintaining but also to expanding services.

I am,

Your obedient Servant,

J. B. S. MORGAN.

County Medical Officer of Health

County Offices,
Matlock.
(*Telephone No. Matlock* 3411).
22nd June, 1965.

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT (31st DECEMBER, 1964)

COUNTY MEDICAL OFFICER OF HEALTH
J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH
V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE
ISABEL M. McCULLOUGH, L.R.C.P. & S.I., D.C.H., D.R.C.O.G.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH
MARGARET FYNNE, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION
JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH
H. BAILEY, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS
M. ALLAN, M.B., Ch.B., D.P.H.
W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.
A. R. ROBERTSON, M.B., Ch.B., D.P.H.
MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.
P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:
HILDA E. McNAMARA, M.D. (Toronto), L.M.S. (Nfld.), D.R.C.O.G., D.P.H.
ELLEN M. M. MURPHY, M.B., B.Ch., B.A.O., D.P.H.
MURIEL M. HELME SUTCLIFFE, B.Sc., M.B., B.S., M.R.C.O.G.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:
THELMA S. ADAMS, M.B., Ch.B.
FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.
J. W. CRAWSHAW, M.B., Ch.B.
R. E. DEAN, L.R.C.P., L.R.F.P.S.
CHRISTINE M. DAVENPORT, M.B., Ch.B. (Part-time).
J. DUTHIE, M.B., Ch.B.
FRADA ESKIN, M.B., Ch.B.
J. A. GAWTHORPE, M.B., Ch.B.
WINIFRED GOW, M.B., Ch.B.
EVELYN B. HORTON, M.B., Ch.B. (Part-time)
J. A. HOWE, M.B., Ch.B., L.R.C.P., M.R.C.S. (Part-time)
MARY HUGHES, M.B., Ch.B. (Part-time)
D. J. HUNT, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)
BRIDGID J. HUNTER, M.B., B.Ch., B.A.O. (Part-time)
EMILY B. JOHN, M.B., B.S., L.R.C.P., M.R.C.S.
MARGARETE KUTTNER, M.D.
JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)
MARGARET J. NETTLESHIP, M.B., Ch.B., D.P.H. (Part-time)
F. S. ROGERS, M.B., Ch.B., D.P.H. (Chesterfield Borough)
ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H.
E. M. SKINNER, M.B., Ch.B., M.R.C.S., L.R.C.P. (Part-time)
HELEN P. SPINK, M.R.C.S., L.R.C.P. (Part-time)
MARY STEVENS, M.B., Ch.B. (Part-time)
G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.
SHEILA G. SYKES, M.B., Ch.B., D.R.C.O.G., D.P.H., D.C.H. (Part-time)
MONICA TISDALL, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)
TEISI URTSON, Med-Dip. (University of Tartu)

DENTAL STAFF
Chief Dental Officer: H. E. GRAY, L.D.S.
Dental Officers: MAUREEN CHINNERY, L.D.S.
MARGUERITE FORD, L.D.S.
G. H. FREEMAN, (Dentist, 1921) (part-time)
A. Y. JADWAT, B.D.S. (Part-time)
N. J. SAVAGE, B.D.S. (Senior Dental Officer, Chesterfield Borough)
B. J. WEST, L.D.S. (Chesterfield Borough)

BIRTH RATE, INFANT MORTALITY RATE AND DEATH RATE DURING THE LAST SEVENTY-FOUR YEARS.

Year		Birth Rate *per* 1,000 *of Population*	Infant Mortality *per* 1,000 *Births*	Death Rate from all Causes *per* 1,000 *of Population*
1891 to 1900	WHOLE COUNTY	**33.7**	**147**	**17.1**
	England and Wales	29.9	153	18.3
1901 to 1910	WHOLE COUNTY	**28.5**	**126**	**14.1**
	England and Wales	27.1	128	15.3
1911 to 1920	WHOLE COUNTY	**24.07**	**99**	**12.66**
	England and Wales	21.90	100	13.85
1921 to 1930	WHOLE COUNTY	**19.73**	**70.7**	**10.92**
	England and Wales	18.36	71.7	12.14
1931 to 1940	WHOLE COUNTY	**15.7**	**56.7**	**11.31**
	England and Wales	14.93	58.6	12.26
1941 to 1950	WHOLE COUNTY	**18.25**	**41.99**	**10.94**
	England and Wales	17.02	42.88	11.72
1951 to 1960	WHOLE COUNTY	**15.43**	**26.20**	**11.70**
	England and Wales	15.82	24.80	11.62
1961*	WHOLE COUNTY	**16.08**	**19.93**	**12.83**
	England and Wales	17.4	21.6	12.0
1962*	WHOLE COUNTY	**16.94**	**21.60**	**12.80**
	England and Wales	18.0	21.4	11.9
1963*	WHOLE COUNTY	**17.11**	**19.26**	**12.31**
	England and Wales	18.2	20.9	12.2‡
1964*	Urban Districts	17.49	19.75	12.42
	Rural Districts	17.06	15.89	11.84
	WHOLE COUNTY	**17.29**	**17.74**	**12.15**
	England and Wales	18.4‡	20.00‡	11.3‡

* See note on pages 13 and 14 ‡ Provisional

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1964

On 11th January, 1965, the Ministry of Health issued Circular 1/65, concerning the "Annual Report of the Medical Officer of Health for 1964". Relevant extracts from the first two paragraphs of the circular read as follows:—

> "I am directed by the Minister of Health to refer to Regulation 5 (3) and Regulation 15 (5)* of the Public Health Officers Regulations, 1959, under which the Medical Officer of Health is required as soon as practicable after the 31st December in each year to make a report for that year to the Council, with copies to the Minister, dealing with the sanitary circumstances, sanitary administration and vital statistics of the area and any other matters upon which he may consider it desirable to report. I am to ask that the Council will give directions for the preparation as soon as possible of the Annual Report of the Medical Officer of Health for the year 1964 . . .
>
> 2. The Annual Report of the Medical Officer of Health is specially valuable as a source of information about the state of the public health of the area. In order that the Report for 1964 should be of the greatest value for this purpose the Minister suggests that, among other things, it should deal with the matters referred to in the following paragraphs . . ."

(The circular then gives particulars of certain points which should be covered in the annual report, including vital statistics, congenital deformities, health education and chiropody.)

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows:—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties:—

(1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;

(2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;

(3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the County, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;

(4) he shall furnish the Minister with one copy of any special report which he may make to the county council."

*(Regulation 15 (5), which is mentioned in the Ministry circular, is applicable to Medical Officers of Health of District Councils).

AREA, POPULATION AND RATEABLE VALUE

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1964 was as follows:—

Municipal Boroughs	142,660
Urban Districts	232,320
Rural Districts	396,430
Total Administrative County	771,410

The rateable value of the Administrative County for the year 1965/66 for the County Rate purposes is £24,833,955, and a penny rate over the whole County is estimated to produce the sum of £98,707.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS

The main industries which give the people of the County occupation, are coal mining carried on in the East and North-East and a small area in the South-Western portion of the County, and agriculture, particularly in the Western and Central parts of the County. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and lace trades provide the chief occupation. In this area, too, artificial silk manufacturers absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries", some of which are known to pre-dispose to pulmonary disease. In the extreme South-Western portion of the County, pottery manufacture is one of the prominent industries.

VITAL STATISTICS

The Ministry of Health has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

(NOTE: The birth and death rates for each County District and for the County as a whole for the years 1954 and onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954.

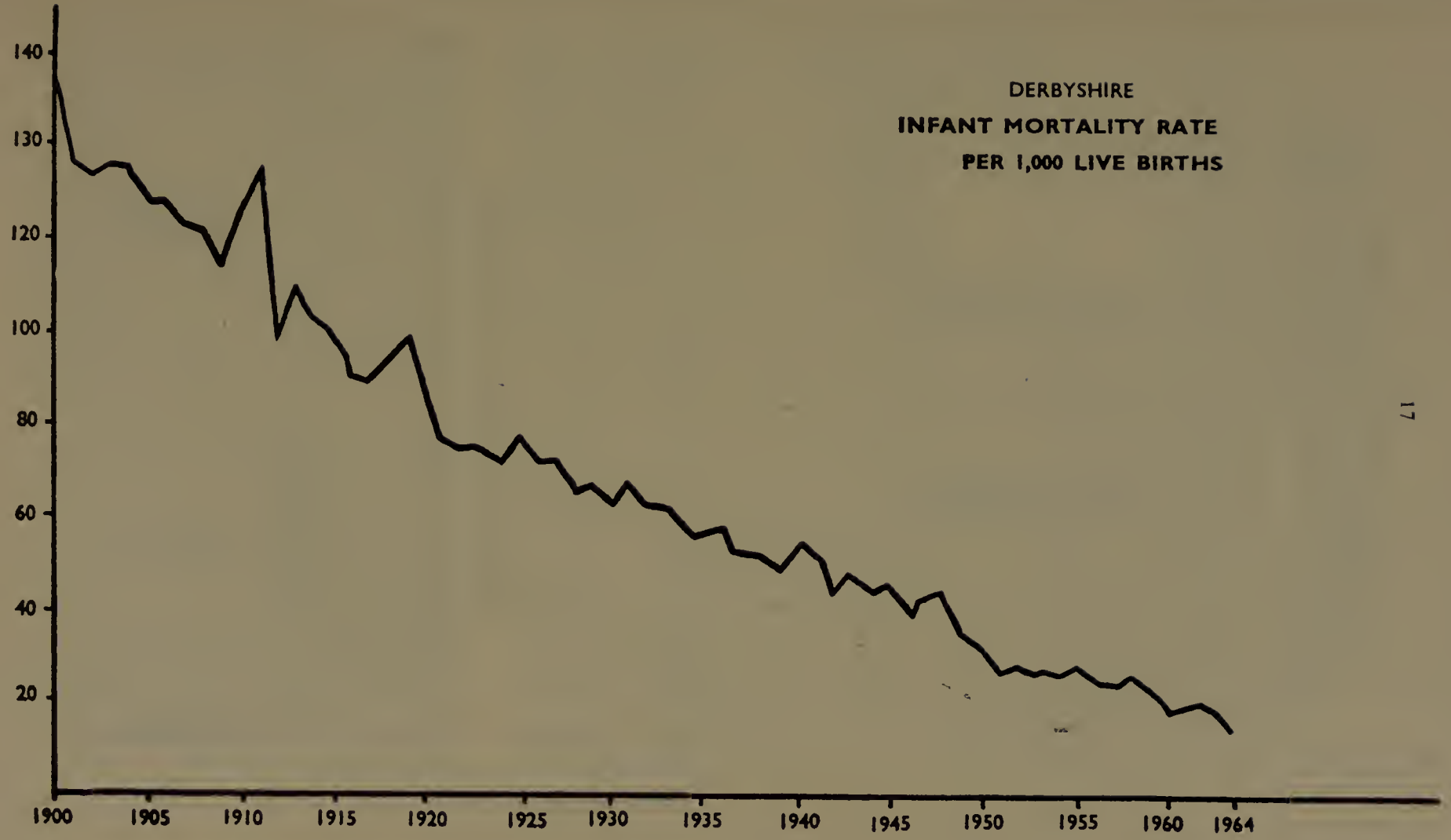
Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area. The comparability factors for the administrative County for the year 1964 are as follows—for births: 0.99; for deaths: 1.13.

	Males	*Females*	*Total*
Live Births—Legitimate ..	6,574	6,287	12,861
—Illegitimate ..	309	304	613
Total	6,883	6,591	13,474

Live birth rate per 1,000 population	17.29
Illegitimate live births per cent of total live births	4.55
Stillbirths—Number	231
—Rate per 1,000 total live and still-births ..	16.86
Total live- and still-births	13,705
Infant deaths (deaths under one year)	239
Infant mortality rates—	
Total infant deaths per 1,000 total live-births ..	17.74
Legitimate infant deaths per 1,000 legitimate live-births	17.34
Illegitimate infant deaths per 1,000 illegitimate live-births	26.10
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)	11.88
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)	10.09
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births) ..	26.77
Maternal mortality (including abortion)—	
Number of deaths	3
Rate per 1,000 total live- and still-births	0.22
Number of deaths from all causes	8,299
Death rate per 1,000 of the estimated population	12.15
Deaths from Cancer (all ages)	1,460
Death rate from Cancer	2.14


DERBYSHIRE
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
40
35
30
25
20
15
10
5
1900
1905
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1964
BIRTH RATE
DEATH RATE


DERBYSHIRE
DEATHS FROM CANCER
1,400
1,200
1,000
800
600
400
200
16


DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS
140
130
120
100
80
60
40
20
1900
1905
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1964

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

Year	*Rate*
1930 ..	.. 61.4
1935 ..	.. 56.6
1940 ..	.. 55.4
1945 ..	.. 44.5
1950 ..	.. 30.19
1955 ..	.. 29.14
1960 ..	.. 19.74
1961 ..	.. 19.93
1962 ..	.. 21.60
1963 ..	.. 19.26
1964 ..	.. 17.74*

*The rate for England and Wales in 1964 was 20.0 (provisional).

NEONATAL MORTALITY RATE

Infants dying under four weeks of age (per thousand live births)

Year	*Number of Neo-natal Deaths*	*Rate per* 1,000 *Live Births*
1950 ..	188	17.4
1955 ..	210	20.3
1960 ..	166	13.54
1961 ..	179	14.56
1962 ..	198	14.95
1963 ..	161	12.16
1964 ..	160	11.88*

* The provisional figure for England and Wales is 13.8.

EARLY NEONATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neonatal deaths 136
Early neonatal mortality rate 10.09

The following table provides an analysis of the causes of death of the 160 children who died during 1964 under four weeks of age, as well as of the 136 children who died under one week of age:—

Causes of Death	*Number of Deaths under 4 weeks of age*			*Number of Deaths under one week*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*
*Congenital malformations ..	18	11	29	11	10	21
Birth accident	16	6	22	16	6	22
Infections	13	8	21	4	4	8
Asphyxia	8	13	21	8	12	20
Prematurity	35	18	53	34	18	52
*Congenital malformations and prematurity	2	2	4	2	2	4
Birth accidents & prematurity	4	—	4	4	—	4
Infections and prematurity ..	2	—	2	1	—	1
Haemolytic disease of Newborn..	1	2	3	1	2	3
Other	1	—	1	1	—	1
Totals ..	100	60	160	82	54	136

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 17.74 per 1,000, which represents 239 children who died under one year of age (compared with a rate of 20.0 (provisional) for England and Wales).

Of the 239 children, 160 died within four weeks, giving a neonatal death rate of 11.88 per 1,000. The majority of those infants (136) died within the first week, giving an early neonatal mortality rate of 10.09 per 1,000 live-births.

PERINATAL MORTALITY RATE

The perinatal mortality rate (i.e., still-births and deaths under one week combined, per 1,000 live-and still-births) for 1964 was 26.77 (The comparable (provisional) rate for England and Wales was 28.2)

(The term "perinatal mortality" is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passage, or immediately following birth. The concept of perinatal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week.)

* See page 59 which discusses Congenital Abnormalities.

INSPECTION AND SUPERVISION OF FOOD

The following report has been provided by Mr. Rowley, the County Public Health Inspector:—

"MILK SUPPLY

The Milk (Special Designation) Regulations, 1963.

The changes embodied in these Regulations were summarized in the last Annual Report and became effective in 1964. As far as Foods and Drugs authorities were concerned, dealers (Tuberculin Tested) licences had to be cancelled and replaced with dealers (Untreated) licences. This was done at the end of September. The Regulations did allow dealers to continue to use the words "Tuberculin Tested" until December 31st, so that it was not until 1965 that enforcement action could be properly taken. The types of current licences, expiring at the end of 1965, are therefore:—

(i) dealer's (Pasteuriser's) licence, required for the operation of a pasteurising establishment;

(ii) dealer's (Sterilizer's) licence, required for the operation of a sterilizing establishment;

(iii) dealer's (Untreated) licence, required when tuberculin tested milk, in bulk, is obtained for re-sale;

(iv) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the three designations.

Pasteurising Plants

One plant ceased to operate during the year, that of S. Hutchings & Son Ltd., Long Eaton. The business was sold to one of the big dairy companies and the premises are now being used as a distribution depot. Seven pasteurising plants were therefore licensed at the end of 1964, as follows:—

Name	*Address of Establishment*
Gisborne Dairy Ltd.	.. Manchester Rd., Chapel-en-le-Frith
Ilkeston Co-op Society Ltd. ..	.. Derby Road, Ilkeston
Long Eaton Co-op Society Ltd.	.. Meadow Lane, Long Eaton
R. B. Morten & Sons	.. The Creamery, Green Lane, Buxton
Pleasley Co-op Society Ltd. ..	.. Pleasley
Ripley Co-op Society Ltd. ..	.. Nottingham Road, Ripley
Wilts United Dairies Ltd. ..	.. Egginton, Derby

The County Health Inspector made routine inspections at the pasteurising dairies throughout the year and ensured that the plants were operating correctly by checks and regular sampling. Of only one dairy can it be said that the premises fall short of the desirable standards. This is an instance where milk bottling was replaced by pasteurising years ago, in premises which could never properly measure up to the requirements of the changed techniques. It is pleasing to be able to report that all dairies have the high temperature short-time method of pasteurisation and have had it for a number of years.

One of the consequences of the present full employment is that efficient conscientious plant operators are at a premium and the dairy managers who can command such personnel are well blessed indeed.

Other present day dairy problems are the dirty bottle and the bottle containing extraneous matter, including splintered glass. Somewhat surprising is the fatalism with which this difficulty is viewed by the managers. Admittedly, the human element enters into the prevention of such complaints in no small way, but technological progress has surely been made by now. If it has, what is preventing the application of this knowledge to practical purposes in dairies, large and small? Reluctantly, one can only assume that it is either apathy or cost.

The sampling figures for the year are set out below:—

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Tuberculin Tested (Pasteurised)	117	128	—	—	128
Pasteurised	29	29	—	—	29

Note—(*a*) M.B.—Methylene Blue Test; Phos.—Phosphatase Test.

(*b*) Eleven samples of Tuberculin Tested (Pasteurised) Milk were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F at the time of testing.

Sterilizing Plant

In its second year of operation the sterilizing plant operated by the Ilkeston Co-operative Society Ltd. has shown some excellent results and milk sales have continued to expand. The opportunity has been taken to do some experimental sampling of milk from the ultra-high temperature section of the plant, that is, milk after being heated to 275°F. for two seconds, bottled and capped, and immediately prior to the final sterilization tunnel stage. With the co-operation of the Public Health Laboratory at Derby, six samples were tested, spread over several months, and the following is a summary of the results obtained:—

Tests	*Results*
Methylene Blue	6 Satisfactory
Phosphatase (after either one or two days) ..	6 Satisfactory
Turbidity	3 Satisfactory
	3 Failed
Plate Count 48 hrs. 37°C.	All 6 "Nil"
Spore Test 10 mins. 90°C.	All 6 "Nil"

It is hoped to carry on this work in 1965, particularly to extend the time before testing is carried out, to say five days or longer. There is undoubtedly a future for u.h.t. milk but just how it can be fitted to present methods of testing, to say nothing of marketing, is difficult to see.

Twenty-three samples of sterilized milk were taken for routine testing, and all satisfied the turbidity test.

Milk Dealers

The number of dealers licensed at the end of 1964 was very similar to the figure for 1963. Numerous changes of licences take place, particularly at shops, and the figures do also conceal the trend for an increase in shop licences and a decrease in milk retailers with "rounds".

	As at 1.1.64	*As at* 31.12.64
Dealers (Untreated) Licences	25	25
Dealers (Pre-packed Milk) Licences	978	981

Generally speaking, the types of milk sold continued in about the same proportion. In accordance with the national trend, overall sales no doubt went up, but the main evidence of this was to be found in the slightly increased gallonages being processed and bottled by the pasteurising establishments. As a matter of interest, no less than 319 producer-retailers in Derbyshire were licensed by the Ministry of Agriculture at the end of 1964, but it is known that quite a number of them do little or no retailing in practice.

An effort was made during the year to obtain some statistics on refrigeration facilities, available at licensed dealers' trading addresses. It appears that of the 364 milk distributors (excluding shops) 58 have refrigerators, large or small, and 38 trade from premises which have such facilities, as for example, the company cold stores at Matlock, Alfreton and Doe Hill.

One factor beginning to appear in connection with the present system of wholesale distribution of pre-packed milk is that of noise, particularly at the point of delivery at dealers' premises. Some of these deliveries take place during the night in summer time, and in built-up areas the noise created is being resented by the occupants of adjoining premises. Milk crates made of plastic materials may well go some way toward obviating the worst noise from this cause but this is only a short term remedy. Surely the real answer is for the trade as a whole to co-operate in the provision of refrigeration facilities, so that deliveries can always be in the day time, when complaints are not likely to be made.

Inspection of dealers' premises and vehicles were continued as in previous years. This is a well worth while task and lets the dealers see that an active interest is taken in their premises as well as in the milk being sold. A total of 908 inspections were made of premises. Dealers handling larger quantities of milk and raw milk bottlers are visited frequently. Informal action resulted in improvements being effected as follows:—

(i)	Provision of milk store	3
(ii)	(a) Improvement of existing milk store	2
	(b) Improvement of milk storage	7
(iii)	Decoration, cleanliness, etc., of milk stores	4
(iv)	Improvement of cleanliness of vehicles	1
(v)	Name and address required on vehicles	21

The concentration of sources of milk treatment continues, no less than 1,371 of the samples taken having come from 15 dairies, in and out of the County, 897 of them being from 7 dairies belonging to 2 major concerns. In all, milk was obtained from 156 sources, which includes producer-retailers. The table below shows the year's figures and includes for statistical purposes those taken from producer-retailers.

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Heat Treated					
Pasteurised	*105	113	4	5	118
Tuberculin Tested (Pasteurised)	*913	1,012	19	—	1,012
	*80 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.				
	Turbidity				
	Satisfactory		*Unsatisfactory*		
Sterilized	191		—		191
	Methylene Blue				
	Satisfactory		*Unsatisfactory*		
Raw					
Tuberculin Tested	*146		18		178

* Fourteen Samples not tested for Methylene Blue as shade temperature exceeded 70°F.

Biological examinations were made of 116 milk samples for tubercle bacilli, all of which were negative, and 232 for brucella abortus, of which one was positive (there was also a positive result from a raw school milk sample out of 10 taken).

With regard to the tabular figures, there were 23 Methylene Blue test failures of pasteurised milks and 18 of Tuberculin Tested milks, percentages of 2 and 12.3 respectively. There were "peaks" of failures in April and December, showing fairly conclusively that testing rules have much to do with the failure levels. A small peak also occurred in August but this was the only one of the comparatively warm summer months to show this. Of the total of 41 Methylene Blue failures, 26 were from dealers, 13 from shops and 2 from vending machines. It is considered, however, that more concentrated shop sampling in the warm months of the year would yield a greater proportion of Methylene Blue failures, but in view of the comparatively small milk gallonage involved it is doubtful whether the diversion of effort would be justified.

With regard to the 5 Phosphatase test failures, all of them originated from an establishment outside the Administrative County, which, incidentally, has the holder-type pasteurising process. Each sample was of "Channel Island (Pasteurised)" milk and the licensing authority concerned was therefore able to concentrate on investigating the pasteurising of this section of the dairy's processing programme. Failure to disconnect the forward flow pipe was found to have been the likely cause of the failures. There were no Phosphatase test failures from plants within the County.

In each of the two positive cases of brucella abortus, an infected cow was found in the respective herds and disposed of, both going for slaughter. The fact that such infected animals can be sold on the open market and might be admitted to disease-free herds is disquieting, to say the least.

Where Brucella infection is found the result is notified to the Producer, to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and also to the Medical Officer of Health of the district where the milk was produced. The last has powers, under the Milk and Dairies (General) Regulations, 1959, to place restrictions upon the sale of such milk for human consumption.

A chemical check is made from time to time for the presence of chlorates in milk samples. Chlorates are present as an indicator in all permitted hypochlorite sterilizing solutions. If any of the sterilizing solution were left in the milk containers, its presence would be difficult to assess but the "chlorate tracer" is relatively easy to find. 32 such samples were tested and all found free from chlorates.

Specified Areas

The whole of the County is included in "Specified Areas". This means that all milk sold therein must be of one of the designations laid down, i.e. "Untreated", "Pasteurised" or "Sterilized".

Cream is exempt from these requirements and may be sold within a Specified Area, whether it has been heat-treated or not. It is true to say that, in this County, practically all cream sold is, in fact, heat-treated. It may be of interest to note that the national liquid sales figure for 1964 was a record total of 1458.92 m. gallons. 4.94 pints are consumed per head per week, compared to 3.01 pints per head in 1939".

FLUORIDATION OF PUBLIC WATER SUPPLIES

The following report was submitted by the Chairman of the County Health Committee to the County Council in November, 1963:—

"A conference of representatives of County District Councils was held at Matlock on 18th July, 1963, to discuss the fluoridation of water supplies. Although your Committee are not bound formally to consult with County District Councils, it was considered desirable by the Committee as the subject closely affects the individual. The views of the District Councils have been sought and, of the 29 District Councils in the County, 21 Councils (representing 594,000 population) are for fluoridation, 7 (representing 128,000 population) are against, and one (representing 35,000 population) has not taken a decision on the matter.

Discussions have taken place with officers of the South Derbyshire Water Board as to the fluoridation of water supplies drawn from the aqueduct of the Derwent Valley Water Board. The most economical method of inserting fluoride would be at the source—Bamford. An approach to the Derwent Valley Water Board on those lines would need the concurrence of the City of Leicester, the City of Nottingham, Derby Corporation, together with Nottinghamshire County Council and Leicestershire County Council. All these authorities had approved fluoridation in principle, except the City of Nottingham. Hence it may be impossible to insert the fluoride at Bamford, but it may be practicable to insert it at Ambergate, below the junction of the branch aqueduct to Nottingham City. Your Committee have therefore authorised the Clerk to continue negotiations with Derby Corporation and Leicester City with a view to a joint approach to the South Derbyshire Water Board and the Derwent Valley Water Board."

Mr. Kenneth Robinson, the Minister of Health, is quoted as having said, at the Apothecaries' Hall in London on the 18th May, 1965:— "We must not forget the importance of general attitudes to community health measures such as fluoridation. Public awareness of the importance of fluoridation as a safe and highly effective means of protection against dental decay would do much to counter the anti-health propaganda of a small but vocal minority. Despite the growth in public awareness of the need for dental care, the extent of dental decay in this country is such that I would be failing in my duty if I did not encourage fluoridation and commend its value. Dental health education and fluoridation I regard as complementary. I hope therefore that other local authorities will soon follow the admirable example of those who are already putting fluoride in their water supplies, in order to give children, and thus in time the whole community, a chance of better teeth. I greatly appreciate the unqualified and active support for fluoridation of the British Dental Association and other professional bodies."

COUNTY DISTRICT COUNCILS' AREAS

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions

Under the provisions of Section 46 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions; further, county district councils not automatically entitled to make a delegation scheme could apply to the Minister of Health for his consent to do so and the Minister would consult the County Council on the application.

The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows:—

(*a*) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres; care of mothers and young children; midwifery; health visiting;

home nursing; vaccination and immunisation; prevention of illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.

(*b*) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' (Regulation) Act, 1948).

The only county district council in the administrative county of Derbyshire entitled automatically to delegation was the Municipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme formed Appendix I to my Annual Report for 1960.

Three other district councils (Blackwell, Chesterfield, and South-East Derbyshire Rural District Councils) applied to the Minister for consent to make delegation schemes, but after considering the factors mentioned in their applications, as well as the County Council's observations, the Minister informed them that he was unable to consent to their applications.

The Chesterfield Borough Council also applied to the Minister for the delegation of the County Council's functions under Section 28 of the National Health Service Act (as amended by the Mental Health Act, 1959) so far as they relate to the care or after-care in residential accommodation of persons suffering from mental illness. The Minister can give his consent to the inclusion of these additional functions in a scheme of delegation only if he is satisfied after consultation with the County Council that there are "exceptional circumstances" justifying exercise of the functions by the borough council. The Minister came to the conclusion that no exceptional circumstances exist in the Borough of Chesterfield to justify the delegation of these additional functions.

It is open to the borough and district councils to apply again for the Minister's consent in 1968, or at an earlier date if the area of the borough or rural district is altered or their circumstances are otherwise affected by an order of the Minister of Housing and Local Government made in pursuance of a review by the Local Government Commission for England or by the County Council under the provisions of Section 28 of the Local Government Act, 1958.

LOCAL GOVERNMENT ACT, 1933 (SECTION 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consulatations with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer/School Medical Officer. The Table on page 27 shows the position as at 31st December, 1964.

Area No.	*County Districts*	*Population*	*Whether Section 111 scheme is operative*	*Proportion of time of Medical Officer devoted to*	
				District Council work	*County Council work*
1	Clay Cross Urban ..	9,230	Yes	Whole-time	None
	Dronfield Urban ..	13,170			
	Staveley Urban ..	18,450			
	Chesterfield Rural ..	104,240			
		145.090			
2	Bolsover Urban ..	11,800	Yes	8/11ths.	3/11ths.*
	Blackwell Rural ..	44,040			
	Clowne Rural ..	19,850			
		75,690			
3	Glossop Borough ..	18,690	Yes	9/22nds.	13/22nds*
	New Mills Urban ..	8,670			
		27,360			
4	Buxton Borough ..	19,390	Yes	7/11ths.	4/11ths.*
	Whaley Bridge Urban	5,290			
	Chapel-en-le-Frith Rural	18,160			
		42,840			
5	Bakewell Urban ..	3,980	No	Part-time.	None
	Matlock Urban ..	19,390			
	Bakewell Rural ..	18,690			
		42,060			
6	Long Eaton Urban ..	31,440	Yes	7/11ths.	4/11ths*
	S.E. Derbyshire Rural	102,470			
		133,910			
7	Swadlincote Urban..	19,640	Yes	8/11ths	3/11ths*
	Repton Rural ..	40,550			
		60,190			
8	Ilkeston Borough ..	34,990	Yes	8/11ths	3/11ths*
	Alfreton Urban ..	22,830			
	Heanor Urban ..	24,190			
	Ripley Urban ..	17,720			
		99,730			
9	Ashbourne Urban ..	5,700	Yes	6/11ths	5/11ths*
	Belper Urban ..	15,760			
	Wirksworth Urban ..	5,060			
	Ashbourne Rural ..	11,450			
	Belper Rural.. ..	36,980			
		74,950			
10	Chesterfield Borough	69,590	Yes	52%	48%‡

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer/School Medical Officer.

‡The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960", as well as the School Medical Officer for the Borough.

COUNTY OF DERBY. Year

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES,

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	H. E. Nutten, M.B., Ch.B., D.P.H. ..	6,337	16,884
CHESTERFIELD (Borough) ..	H. Bailey, M.B., Ch.B., D.P.H. ..	8,472	64,160
CLAY CROSS	D. P. Adams, M.B., Ch.B., D.P.H. ..	2,349	8,781
DRONFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	3,323	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	5,244	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713
STAVELEY	D. P. Adams, M.B., Ch.B., D.P.H. ..	6,504	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,604
WHALEY BRIDGE	H. E. Nutten, M.B., Ch.B., D.P.H. ..	3,479	4,860
WIRKSWORTH	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	48,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH ..	H. E. Nutten, M.B., Ch.B., D.P.H. ..	103,393	18,449
CHESTERFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,438
S.E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,097
TOTALS OF RURAL DISTRICTS ..		537,391	267,400
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
TOTALS OF WHOLE COUNTY		635,456	607,691

* Adjusted to make allowance for sex and

Ended 31st December, 1964.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

ULATION			Births (Live)	Deaths	*Rate per 1,000 of Estimated Population**		Infant Death Rate per 1,000 Births	*Comparability Factors*	
Census 1951	Census 1961 (Provisional)	Estimated Mid-1964			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,998	22,830	353	254	16·39	12·68	28·32	1·06	1·14
5,439	5,656	5,700	94	84	18·14	12·53	10·64	1·10	0·85
3,356	3,603	3,980	60	72	16·88	7·96	—	1·12	0·44
15,714	15,563	15,760	231	229	15·54	10·61	12·99	1·06	0·73
10,817	11,770	11,800	206	111	16·59	12·98	14·56	0·95	1·38
19,568	19,236	19,390	351	265	19·01	12·85	22·79	1·05	0·94
68,558	67,833	69,590	1,156	845	16·94	12·27	15·57	1·02	1·01
8,553	9,173	9,230	143	104	16·26	13·29	20·98	1·05	1·18
7,627	11,294	13,170	341	92	19·94	9·50	8·80	0·77	1·36
18,004	17,490	18,690	361	280	21·63	13·78	30·47	1·12	0·92
24,406	23,867	24,190	412	262	17·89	12·56	14·56	1·05	1·16
33,677	34,672	34,990	582	340	16·80	11·95	13·75	1·01	1·23
28,641	30,464	31,440	577	348	18·17	12·39	22·53	0·99	1·12
17,756	18,486	19,390	297	214	15·47	11·59	13·47	1·01	1·05
8,475	8,510	8,670	175	109	21·60	12·70	34·29	1·07	1·01
18,192	17,601	17,720	228	196	13·77	11·72	48·25	1·07	1·06
17,945	18,071	18,450	350	181	19·16	12·16	28·57	1·01	1·24
20,907	19,222	19,640	339	224	18·47	12·89	17·70	1·07	1·13
5,365	5,293	5,290	81	76	17·76	14·23	24·69	1·16	0·99
4,893	4,930	5,060	93	68	18·20	15·72	10·75	0·99	1·17
361,278	365,732	374,980	6,430	4,354	17·49	12·42	19·75	1·02	1·07
12,019	11,219	11,450	184	108	18·00	9·90	10·88	1·12	1·05
19,282	18,599	18,690	274	241	15·98	12·00	25·55	1·09	0·93
28,193	33,711	36,980	628	369	16·81	10·58	12·74	0·99	1·06
43,112	43,800	44,040	810	452	18·39	12·83	20·99	1·00	1·25
19,006	18,366	18,160	295	224	18·03	11·23	13·56	1·11	0·91
75,745	100,851	104,240	1,770	904	16·31	11·97	19·20	0·96	1·38
19,072	19,769	19,850	345	223	17·73	13·37	17·39	1·02	1·19
31,570	37,579	40,550	725	438	17·35	11·55	17·93	0·97	1·07
75,893	95,597	102,470	2,013	986	17·09	12·12	10·43	0·87	1·26
323,892	379,491	396,430	7,044	3,945	17·06	11·84	15·89	0·96	1·19
361,278	365,732	374,980	6,430	4,354	17·49	12·42	19·75	1·02	1·07
685,170	745,223	771,410	13,474	8,299	17·29	12·15	17·74	0·99	1·13

age distribution of population, etc.—see remarks on pages 13 & 14.

GENERAL SANITARY ADMINISTRATION

Estimated Number of Houses:—

Municipal Boroughs and Urban Districts	127,438
Rural Districts	129,656

	Municipal Boroughs and Urban Districts		*Rural Districts*	
	No. on Register	*Inspections made*	*No. on Register*	*Inspections made*
Bakehouses	127	514	39	91
Common Lodging Houses ..	2	9	—	—
Dairies	51	217	11	24
Factories and Workplaces ..	1,989	1,380	953	647
Houses Let in Lodgings ..	15	36	—	—
Ice Cream Premises—				
(*a*) Manufacturers ..	20	115	11	47
(*b*) Dealers	1,619	945	1,314	488
Market Stalls	584	5,183	21	164
Milk Distributors	490	421	247	55
Moveable Dwelling Sites ..	62	581	246	1,032
Offensive Trades	12	37	1	150
Outworkers	797	139	305	233
Preserved Food Stores	508	1,539	243	451
Shops	3,369	2,957	1,744	556
Slaughterhouses—				
(*a*) Public Abbattoirs ..	1	785	—	—
(*b*) Private..	54	8,313	51	8,589
Knackers Yards	3	36	7	26

Water Supplies

The following schemes of water supply have been considered and approved by the appropriate Committee during the year:—

Authority submitting Scheme	*Parish*	*Estimated Cost*	*Provisional Grant*
South Derbyshire Water Board	Mercaston	£14,790	£208
,,	Marston Montgomery (Waldley)	£7,137	£1,365
,,	Shottle	£6,500	£1,680
,,	Calke	£6,431	£162 p.a. for 30 years
North Derbyshire Water Board	Abney (Abney & Bretton)	£9,900	£1,995

It was mentioned in my Report for 1963 that Water Boards would be paid a nominal grant not exceeding £10 for each new scheme submitted. Following the Council's decision, the South Derbyshire Water Board exercised their right, under the provisions of the Rural Water Supplies & Sewerage Acts, to appeal to the Minister against the decision, taking the Cross o' the Hands Scheme as a test case. The following is an extract from the report on the matter to the Committee by the County Treasurer:—

"The Minister has considered the South Derbyshire Water Board's appeal together with the County Council's representations. Whilst he agrees that Water Boards generally have adequate financial resources, he considers they will have to undertake, without grant aid, substantial capital programmes to improve and augment supplies to meet increasing demands, and will also have to assume heavy responsibilities for the operation, maintenance and improvement, and eventual replacement of rural water systems. In his view grants from both the Exchequer and from County Councils are appropriate where there are extensions of water supplies to serve rural areas for the first time, and having regard to this he is not satisfied that there is a need for a radical change in the general nature of the grants. Consequently the Minister has determined that the County Council shall pay a capital contribution of £402 towards the cost of the Cross of Hands' Scheme, that is the same sum as will be paid by the Exchequer."

The County is now covered either by Water Boards or, in part of the south, by a private company. The following reports from the two principal Boards cover the greater part of the area of the County.

South Derbyshire Water Board (*Report kindly submitted by Mr. I. G. Edwards, B.Sc., M.I.C.E., M.I.W.E., Engineer and Manager*):—

	No. of Houses	*Estimated Population Involved*
No. of Houses connected to mains ..	112,933	354,609
No. of Houses supplied from standpipes on mains	—	—
No. of Houses not supplied from standpipes or mains	1,807	5,674
No. of connections made during year:—		
(*a*) existing houses	68	
(*b*) new houses	2,725	
(*c*) other premises	186	

Works, carried out by the Board during the year, in addition to the normal extension of distribution mains, were as follows:—

Completion of new service reservoir (10 m.g. capacity) at Drum Hill.

Completion of laying 21"/18" Trunk Main Drum Hill to Ilkeston.

Completion of Breamfield Lane Reservoir.

Construction of the new Scaddows Service Reservoir (500,000 galls. capacity) was commenced during the year.

Laying commenced of a Trunk Main to link Drum Hill, Ladycross and Risley Reservoirs.

North Derbyshire Water Board (*Report kindly submitted by Mr. C. H. Crombie, M.I.C.E., M.I.W.E., Engineer and Manager*):—

	No. of Houses	*Estimated Population Involved*
No. of Houses connected to mains ..	91,444	304,600
No. of Houses supplied from standpipes on mains	16	49
No. of Houses not supplied from standpipes or mains	1,400	4,205
No. of connections made during year:—		
(*a*) existing houses	—	
(*b*) new houses	2,288	
(*c*) other premises	26	

Schemes started and/or completed during the year.

(*a*) Hady Reservoir, Chesterfield		construction of 3 m.g. covered reinforced concrete service reservoir due for completion May 1965.
(*b*) Ridge Reservoirs, Chapel		construction of small house with drip-feed chlorination equipment completed October, 1964.
(*c*) Bakewell R.D.C.		Drip-feed chlorination equipment housed in precast concrete chambers at Spring supplies Beeley-Grindleford-Yeldwood and Chatsworth (Park Gate) completed February, 1964.
(*d*) Barbrook Reservoir		Pre-chlorination and sulphonisation equipment installed in July, 1964.
(*e*) Stoke Flatt Reservoir		Additional chemical treatment installed in November, 1964.
(*f*) Mains	(1)	Laying of approximately 18 miles of distribution mains within the Board's area.
	(2)	Scraping and lining of mains in the Board's area, approximately 15,000 yards.

(*g*) Provision of district office at Chapel and provision of district offices and depots at Bakewell and Buxton.

Sewerage and Sewage Disposal

The following schemes of sewerage and sewage disposal have been considered and approved by the appropriate Committee during the year:—

Authority	*Parish*	*Estimated Cost*	*Provisional Grant*
Chesterfield R.D.C.	Ashover (Eastwood)	£5,700	£1,400
Repton R.D.C.	Osleston & Thurvaston (Long Lane)	£8,820	£1,429
„ „	Smisby	£23,450	£178 for 30 years
South-East Derbyshire R.D.C.	Morley	£18,070	£472 for 30 years

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 98.9% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of 91.8%.

	Municipal Boroughs and Urban Districts		*Rural Districts*	
		Estimated Population Involved		*Estimated Population Involved*
No. of Houses :				
(*a*) connected to sewers	125,821	368,859	118,454	367,235
(*b*) not connected to sewers ..	1,492	4,108	10,566	36,011
No. of connections made during year :				
(i) existing houses	125	—	411	—
(ii) new houses	2,373	—	2,560	—
(iii) other premises	73	—	9	—
No. of conversions of other closets to W.C.s	315	—	325	—

Some notes follow of improvements made, or in progress, in the various districts.

Alfreton U.D. The stage II (Swanwick Area) Scheme nearly completed. The new works at Swanwick are in operation. Construction of Main 27″ combined sewer continued from Delves Farm to Leabrooks corner, together with 21″ branch sewer at Leabrooks.

Chesterfield Borough Stage I of extension to sewage works almost completed.

Heanor U.D. Sewer extension at Codnor.

Matlock U.D. Darley Dale Scheme, including Oaker & Snitterton completed.

Wirksworth U.D. Concrete catchpit and dredging machinery installed at sewage works to deal with grit gaining access to sewers.

Belper R.D. Sewerage schemes at Shottlegate and Mackworth Village completed. Pumping plant replaced at Allestree pumping station.

Chapel R.D. Ejector station installed at Doveholes.

Chesterfield R.D. Works completed:—Wadshelf sewerage scheme; Beighton sewerage scheme; Heath—house connections carried out during year. Works in progress:—Long Duckmanton and Arkwright Town sewerage scheme; Barlow sewerage scheme; Eastwood Grange, Ashover, sewer extension; Shirland sewage works extension.

Clowne R.D. Sewerage scheme installed at Elmton together with sewage disposal plant of the extended aeration type. Sewerage improvement at Whitwell Common.

Repton R.D. Sewer extensions at Hartshorne carried out. Sewerage and sewage disposal schemes commenced at Smisby, Coton-in-the Elms and Rosliston, and Long Lane, Dalbury Lees.

South-East Derbyshire R.D. Major scheme at Chaddesden commenced.

Housing

The improvement of houses has been given a much needed impetus by the Housing Act, 1964. Power is given to local authorities to carry out the compulsory improvement of dwellings built before December, 1944, and those provided by conversion before the 3rd October, 1961, provided they were erected before the end of 1944. Changes in the scheme of discretionary and standard grants are also made. Comprehensive improvement schemes are clearly needed if the 2 million houses capable of improvement are to be tackled efficiently and quickly and the Act indicates that this is the manner in which local authorities should set to work.

The following table shows that a total of 12,436 houses have been declared unfit from 1955 to the end of 1964, and of these 8,850 have been either demolished or closed; a further 543 properties have therefore been dealt with during the year but there are still some 3,586 awaiting action.

The emphasis on "standard" grants continues but there has been a drop in the total number of improvement grants made last year—1,971 as against 2,183 in 1963.

SLUM CLEARANCE

	Municipal Boroughs and Urban Districts	*Rural Districts*
Estimated No. of houses declared unfit, 1955-1964	6,456	5,980
Total No. of houses demolished or closed 1955 to 31/12/1964	4,629	4,221
During 1964:—		
Houses demolished :—		
(*a*) in Clearance Areas	139	132
(*b*) not in Clearance Areas	280	194
Unfit houses closed	106	41
Unfit houses made fit and houses in which defects were remedied	2,132	727
Unfit houses in temporary use	1	6
Houses in Clearance Areas purchased	3	70

IMPROVEMENT GRANTS

	No. approved for conversion or improvement (Housing Act 1958)	*No. approved for improvement (Housing Act 1959) ('standard grants')*
Municipal Boroughs and Urban Districts	125	965
Rural Districts	244	641

NEW HOUSING

	No. of new dwellings completed during 1964	
	by local authorities	*by private enterprise*
Municipal Boroughs & Urban Districts..	718	1,679
Rural Districts	905	1,768

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	No. of Baths		*Samples taken*	
	Public	*Private (Open to Public)*	*Satisfactory*	*Unsatisfactory*
Municipal Boroughs & Urban Districts	13	5	189	20
Rural Districts	2	2	6	—

Refuse Collection and Disposal

The main progress in this field during the year appears to have been limited to the provision of more modern collection vehicles by a few authorities. Pack sacks have made little or no headway—only four small trial schemes have been instituted. Composting schemes have been submitted for consideration by two rural authorities to the Ministry of Housing and Local Government but at the end of the year had not been authorised.

The table below gives details of present methods:—

	Collection		*Disposal*		
	Direct Labour	*Contract*	*No. of Controlled Tips*	*No. of Uncontrolled Tips*	*Incinerators*
Municipal Boroughs & Urban Districts	20	—	22	2	1
Rural Districts	9	—	30	4	–

Meat Inspection

From information which has been provided by the District Councils, it appears the following animals were killed and inspected during the year:—

	Municipal Boroughs and Urban Districts	*Rural Districts*
	Number killed and Inspected	*Number killed and Inspected*
Cattle, excluding cows ..	21,351	15,971
Cows	14,717	9,481
Calves	637	549
Sheep and Lambs	90,306	55,132
Pigs	48,318	32,650
Horses	—	—

Moveable Dwellings

Judging from the reports received there appear to be few difficulties arising from properly established sites and vans in the County. However, itinerant vans do give rise to complaints and generally speaking the method of dealing with them is to move them on, perhaps to the next district, or further afield.

	Licensed Caravan Sites				*Individual Licensed Vans*
	Holiday		*Residential*		
	Sites	*Vans*	*Sites*	*Vans*	
Municipal Boroughs and Urban Districts ..	13	185	42	413	40
Rural Districts	92	678	116	662	129

Offices, Shops and Railway Premises Act, 1963

A start has been made by local authorities in the implementation of this major Act. The figures below indicate what work has been done so far in initial inspections and registrations. These and other statistics are to be rendered annually to the Ministry of Labour by local authorities.

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	*No. of premises registered during the year*		*Total No. of registered premises at end of year*		*No. of registered premises receiving a general inspection during the year*	
	M.Bs & U.Ds	*R.Ds*	*M.Bs & U.Ds*	*R.Ds*	*M.Bs & U.Ds*	*R.Ds*
Offices	875	242	868	242	135	43
Retail Shops	2,048	1,087	2,038	1,085	374	224
Wholesale shops, warehouses ..	106	31	105	31	15	4
Catering establishments open to the public, canteens	286	248	284	248	61	36
Fuel storage depots	26	24	26	23	1	6
Totals	3,341	1,632	3,321	1,629	586	313

PERSONS EMPLOYED IN REGISTERED PREMISES

Class of workplace	*No. of persons employed*	
	M.Bs & U.Ds	*R.Ds*
Offices	7,471	1,368
Retail shops	9,623	3,674
Wholesale departments, warehouses	1,075	265
Catering establishments open to the public	1,809	1,543
Canteens	130	55
Fuel storage depots	124	73
Total	20,232	6,978
Total Males	8,026	2,807
Total Females ..	12,206	4,171

Prevention of Atmospheric Pollution

County district councils have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz:—

(*a*) general regulatory powers;

(*b*) powers to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

There has been a re-appraisal during 1964 of the arrangements for the continuing establishment of smoke control areas, in the light of the White Paper and Ministry Circular No. 93/63, issued in December, 1963. Local authorities have been checking the position in their areas with regard to the availability of smokeless fuels, particularly of gas coke. Generally speaking, it would appear that open grate gas coke can now hardly be regarded as the major source of smokeless fuel and domestic users will have to instal appliances suitable for other forms of fuel, including, of course, gas, electricity and oil.

Where, on consulting the fuel and power producers, a local authority is informed that supplies of open grate fuel will not be available for a proposed smoke control area, grant will not be payable on the installation of improved open grates, but will be payable on their replacement by other appliances. On the other hand, where the authority is advised that supplies will be available, grant will **not** be payable on the replacement of improved open grates; grant **will** be payable on their installation, but every encouragement should be given to householders to choose some other form of space-heating.

In the County progress has slowed down considerably. Indeed, one or two authorities have taken action to suspend or revoke existing Orders. However, it is hoped that this will be no more than a temporary pause, and that the aims of the 1956 Clean Air Act will be pursued by all local authorities. Readings of deposit gauges, etc., in some of the districts are given below and emphasize the size of the problem still to be tackled.

Station	Readings			
	Total Solids (Tons per sq. mile)		Sulphur Absorbed (Mg. per 100 sq. cms. per day)	
	Monthly		Daily average over each month	
	Highest	Lowest	Highest month	Lowest month
Alfreton U.D.C.				
High Street	25.31	11.06	—	—
Firs Gardens	—	—	2.28	0.44
Somercotes	—	—	3.25	0.77
Dronfield U.D.C.				
Lea Road	19.21	7.35	2.11	0.38
Callywhite Lane	13.59	5.94	1.62	0.69
Heanor U.D.C.				
Elnor Street	16.54	4.79	—	—
Chesterfield Borough				
St. John's Road Depot	15.02	8.26	2.33	0.75
Sewage Works	16.15	7.19	2.28	0.72
Matlock U.D.C.				
Dale Road	29.41	15.07	—	—
Staveley U.D.C.				
Hartington Colliery	37.96	20.44	2.93	1.12
Staveley Works Canteen	37.09	16.78	—	—
Chesterfield R.D.C.				
Wingerworth	34.76	8.75	2.07	0.48
Hasland	18.47	10.51	3.11	1.33
Holmewood	21.85	9.20	—	—
Renishaw	88.08	12.79	3.05	1.12
Spinkhill	23.32	4.72	—	—
Barlow	—	—	4.02	0.69

The following is a summary of information supplied by some local authorities relating to atmospheric pollution.

Chesterfield Borough There has been no extension during 1964 to the four areas in the Borough which were covered by operative Smoke Control Orders at the end of 1963. The good progress which had been made in dealing with the domestic smoke problem, and which had resulted in approximately 12,000 acres of the borough, containing over 4,800 premises being subject to smoke control, received a setback in the early part of 1964, when, following complaints made by residents in two of the areas that difficulties were being experienced in complying with the smoke control orders, the borough council appointed a special committee to look into the complaints and indeed the general working of smoke control in the four areas. Pending the report of this committee the council sought the approval of the Ministry of Housing and Local Government for the suspension of the four Smoke Control Orders, and approval was granted for such a course until the 31st December, 1964.

After an exhaustive investigation by the special committee during which fuel manufacturers and distributors were interviewed concerning the present and future supply position of the respective fuels, and a number of the complainants were interviewed in their own homes, the committee came to the conclusion that there were no insuperable difficulties to the operation of the Smoke Control Areas and re-affirmed that the principle of smoke control was to the advantage of the residents of the borough.

The borough council approved the findings of the special committee and the suspension was lifted as from the 1st January, 1965.

Glossop Borough Representations made to Hospital Committee regarding smoke emission. Coal replaced by smokeless fuel as a result. Legal proceedings taken to prevent burning of factory waste on open land; Order obtained, with costs.

Heanor U.D. The No. 1 (Marlpool Farm Estate) Smoke Control Order was due to come into operation on the 1st August, 1964. By resolutions of the Council and with the sanction of the Minister of Housing and Local Government the Order was suspended for a period of one year and hence, should come into operation on the 1st August, 1965.

Ashbourne R.D. Caution issued in one case of smoke emission.

Chesterfield R.D. The Smoke Control Order No. 4 (Frecheville) which was confirmed in November, 1963, became operative on 1st July, 1964, and affected 1,527 dwellings and approximately 345 acres. The major part of 1964 has therefore been involved in the examination of proposals, the supervision of work and the certification of grant in connection with operation of this particular area.

The submission of further areas to the Ministry during 1964 was delayed to a considerable extent by the receipt of Ministry Circular 69/63 and the Housing Act, 1964. The Circular revised the extent of reasonable work in which grant could become available in areas where supplies of open grate fuel were found to be inadequate. Consequently in such areas appliances capable of burning hard coke such as under-draught fires and openable stoves, in addition to gas fires and electric night storage heaters will be capable of attracting grants. Although Smoke Control Order No. 4 was confirmed prior to the receipt of the Circular, authority was given by the Minister to apply it to this area. It has therefore been possible to approve proposals involving both hard and soft coke appliances in Frecheville, although from information gained from the various fuel producers it would appear that open grate appliances suitable for soft coke only will not be grant earning in future areas. The effect of the Housing Act, 1964, was to amend the provisions of the Clean Air Act, 1956, relating to new dwellings so that all dwellings constructed before August, 1964, can qualify for grant.

The progress to date is as follows:—

	Acreage	*Dwellings*	*Remarks (Operative Date)*
No. 2	296	1,172	1st Sept. 1962
No. 3	205	1,327	1st July, 1963
No. 4	345	1,527	1st July, 1964
TOTAL	846	4,026	

The summary of the following areas has since been completed and submitted to the Council during 1964 and confirmation by the Ministry is now awaited in respect of Smoke Control Order No. 5.

	Acreage	*Dwellings*
Smoke Control Order No. 5 (Eckington West)	470	1,042
Smoke Control Order No. 6 (Eckington East)	980	938

The survey of Killamarsh has recently commenced and it is anticipated that this will be completed in the spring of 1965. This area will affect approximately 1,750 dwellings including over 600 Council houses.

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the local supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1964 there were 198 Midwives on the County Roll—one hundred were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty-four were County Midwives, and fourteen were County Home Nurse/Midwives.

Records Received.—The following table gives the records received, with corresponding figures for the previous five years:—

	1959	1960	1961	1962	1963	1964
Records received :—						
Medical Help	751	542	463	417	366	339
Stillbirths	114	112	108	105	92	85
Deaths of Children	55	44	54	51	51	35
Deaths of Mothers	—	3	—	—	1	1
Laying out the dead	20	12	16	—	—	—
Liability to be a source of infection	45	30	25	23	24	25
Puerperal Pyrexia—Midwives' Cases	6	9	9	6	7	7
Ophthalmia Neonatorum—all cases	3	2	4	4	1	8

Puerperal Pyrexia.

The Puerperal Pyrexia Regulations, 1951, require puerperal pyrexia to be regarded as a notifiable disease. Puerperal Pyrexia is defined as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage".

The following table shows the total number of cases of puerperal pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births.

Year	*No. of cases of Puerperal Pyrexia*	*No. of Live Births and Still Births in Whole County*	*Case rate per 1,000 Births*
1955 ..	23	10,351	2.22
1956 ..	25	11,021	2.27
1957 ..	21	11,721	1.79
1958 ..	18	11,861	1.52
1959 ..	20	12,154	1.64
1960 ..	17	12,546	1.35
1961 ..	17	12,575	1.35
1962 ..	10	13,527	0.70
1963 ..	12	13,465	0.89
1964 ..	14	13,705	1.02

Maternal Mortality

The maternal mortality rate for the whole County for the year 1964 was 0.29 per thousand live- and still-births. The following table gives the maternal mortality rate in the County since 1951.

Year	*Rate*
1951	1.028
1952	0.749
1953	0.55
1954	0.75
1955	0.38
1956	0.62
1957	0.51
1958	0.51
1959	0.41
1960	0.33
1961	0.32
1962	0.30
1963	0.30
1964	0.29

A Summary of a Report on Confidential Enquiries into Maternal Deaths in England and Wales, 1958-1960, prepared by the Standing Maternity and Midwifery Advisory Committee for the Central Health Services Council and the Minister of Health, dated April, 1964, has the following to say on the "Prevention of Maternal Deaths":—

> "The greatest number of lives could be saved by better ante-natal care and a proper selection of cases for both home and hospital confinement. A programme which covers normal pregnancy but is flexible enough to allow for more frequent and, if necessary, more expert supervision is essential. The results of examinations, must be assessed both individually and in relation to previous examinations, and where care is shared by several individuals, each must be aware of the findings of the other.
>
> The real purpose of the enquiry is to discover ways and means by which the maternal mortality, which has fallen dramatically over the past 30 years, can be further reduced. This may be assisted by advance in knowledge but these reports have brought out the fact that the most important contributions could be made by the application of knowledge already available, the proper selection of cases for hospital confinement and better ante-natal care.
>
> It is preferable to consider the proper selection of cases for home confinement than of the selection of cases for hospital. The wishes of the patient must of course be respected, but every effort must be made to persuade patients at special risk to accept hospital care.
>
> The scope of ante-natal care has been progressively extended. Its object is to maintain the physical and mental health of the mother during pregnancy and to ensure that any suspected or proved abnormality is detected and treated without delay. In doing this the doctor, the midwife, the L.H.A. clinic and the hospital may all play a part and it is essential that the fullest co-operation is established between them all".

Ophthalmia Neonatorum

During the year, eight cases of ophthalmia neonatorum were notified. All were treated at home and the vision was unimpaired in every case.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the County Health Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1964 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below:—

Name and Address of Nursing Home	*Accommodation approved*
Portland Nursing Home, "Craiglands", The Park, Buxton	17 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
St. Mary's Nursing Home, Ednaston Lodge, Ednaston..	22 Medical and Surgical Cases.
Borrowash House, Borrowash, Derby ..	17 Unmarried Mothers.

NURSERIES AND CHILD MINDERS (REGULATION) ACT 1948.

During 1964 eleven people applied to be Child Minders and six applied to run Nurseries in accommodation other than their own homes. Of these, eight Child Minders and four Nurseries were registered but the granting of the Certificate of Registration to one of the Child Minders and one Nursery was deferred pending the applicant's attention to various matters. One of the Child Minders, however, cancelled her registration later in the year. At the end of the year, twelve Child Minders and four Day Nurseries were registered. All are registered to care for children over the age of two years.

TUBERCULOSIS

New Cases and Deaths.—I have reported in previous years on the great strides that have been made in the prevention and treatment of tuberculosis. This disease, first made notifiable in 1912 and for which the first figures available are for 1914, has steadily declined, since that time, apart from the war years. Since the end of the last war, however, this decrease in the number of cases of tuberculosis and the number of deaths has rapidly become more marked. This has been due, of course, to many environmental factors, such as improved sanitation, housing and a general higher standard of living, coupled with the introduction of the National Health Service. It must be remembered that since the introduction of the new Service greater emphasis has been placed on early detection and prevention, and it must not be forgotten that Mass Miniature Radiography has played an important part in this progress.

The following table shows the number of new cases and deaths in 1914 and thereafter at ten-yearly intervals to 1964.

TUBERCULOSIS

	Respiratory		*Non-Respiratory*	
	New Cases	*Deaths*	*New Cases*	*Deaths*
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1964	171	24	26	2

New Cases during 1964.

The number of cases of tuberculosis notified during 1964, divided into the various age groups and also showing males and females separately as well as distinguishing between the Respiratory and Non-respiratory forms of the disease, are shown in the following table:—

Age Groups ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total All Ages*
Respiratory—														
Males	–	–	4	1	1	5	5	16	15	23	23	17	3	113
Females.. ..	–	–	2	5	2	8	8	12	7	1	6	5	2	58
Non-Respiratory—														
Males	–	–	–	–	–	–	1	–	–	–	1	1	–	3
Females.. ..	–	–	–	–	1	1	3	5	2	1	4	4	2	23
Total ..	–	–	6	6	4	14	17	33	24	25	34	27	7	197

The totals, not divided into age groups, are also shown for purposes of comparison in the following summary :—

SUMMARY OF NEW CASES FOR THE PAST TEN YEARS.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Respiratory										
Males	204	195	212	209	184	175	144	97	104	113
Females	110	126	119	105	83	92	68	56	64	58
Totals	314	321	331	314	267	267	212	153	168	171
Non-Respiratory										
Males	34	23	25	18	12	19	21	18	16	3
Females	34	28	31	34	28	16	29	22	18	23
Totals ..	68	51	56	52	40	35	50	40	34	26
Total Pul. and Non-Pul. ..	382	372	387	366	307	302	262	193	202	197

Deaths from Tuberculosis.

The following Table gives details for the last five years :—

	1960	1961	1962	1963	1964
Respiratory	39	29	33	27	24
Non-respiratory	5	8	3	5	2
	44	37	36	32	26

The death rate per 1,000 of the population during each of the last five years is as follows :—

	1960	1961	1962	1963	1964
Respiratory	0.052	0.044	0.044	0.040	0.031
Non-respiratory	0.007	0.012	0.004	0.007	0.003
	0.059	0.056	0.048	0.047	0.034

The provisional figure for England and Wales supplied by the Registrar General for 1964 is 0.053 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last sixteen years.

Year	*New Cases*	*Deaths*
1949	592	205
1950	514	172
1951	547	142
1952	569	122
1953	479	125
1954	453	92
1955	382	84
1956	372	57
1957	387	56
1958	366	51
1959	307	39
1960	302	44
1961	262	37
1962	193	36
1963	202	32
1964	197	26

1949 was not only the first full year of operation of the National Health Service Act, but also the last year when the annual deaths from tuberculosis were over 200.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

ANTE-NATAL SCHEME

Twenty-five Ante-Natal Clinics are maintained by the Authority: seven in Municipal Boroughs, twelve in Urban Districts and six in Rural Districts. Twenty-four of the Clinics are conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-natal Clinics (apart from the two which serve residents in Chesterfield Borough) are as follows :—

ALFRETON ..	County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
ASHBOURNE ..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.
BELPER	County Council Clinic, The Cedars, Field Lane Belper. 1st and 3rd Monday, 9 a.m. to 12.30 p.m
BOLSOVER ..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON ..	County Council Clinic, Bath Road, Buxton. 1st Tuesday, 9 a.m. to 12.30 p.m.
CHADDESDEN ..	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m.
CHESTERFIELD	County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS ..	County Council Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	County Council Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	County Council Clinic, Cathedral Road, Derby. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD ..	County Council Clinic, The Grange, Dronfield. Each Monday, 9 a.m. to 12.30 p.m.
ECKINGTON ..	County Council Clinic, Gosber Street, Eckington. Each Tuesday, 9 a.m. to 12.30 p.m.
FRECHEVILLE ..	County Council Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Monday, 9 a.m. to 12.30 p.m.
GLOSSOP ..	County Council Clinic, George Street, Glossop. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
HACKENTHORPE	County Council Clinic, Main Road, Hackenthorpe. 2nd, 4th and 5th Thursday, 1.30 p.m. to 4.15 p.m.
HEANOR	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesday, 1.30 p.m. to 4.15 p.m.
ILKESTON ..	County Council Clinic, Albert Street, Ilkeston, each Monday, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON ..	County Council Clinic, 4 Nottingham Road, Long Eaton. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
MATLOCK ..	County Council Clinic, Dean Hill House, Causeway Lane, Matlock. 1st Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	County Council Clinic, Derby Road, Ripley. 2nd and 4th Friday, 1.30 p.m. to 4.15 p.m.
SHIREBROOK ..	County Council Clinic, Cliffe House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY ..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE	County Council Clinic, Civic Centre, off Midland Road, Swadlincote. 2nd and 4th Tuesday, 9 a.m. to 12.30 p.m.

The following are the number of sessions and attendances at all the Ante-natal Clinics during 1964:—

Half-day Sessions	1,202
Number of New Cases ..	2,043
Total number of attendances ..	7,894
Post-natal visits	213

Routine X-Ray Examinations of Expectant Mothers

A communication from the Sheffield Regional Hospital Board in July, 1959, intimated that, following consideration of the Interim Report of the Adrian Committee on radiological hazards to patients, the routine x-raying of expectant mothers at the Mass Miniature Radiography Centres would be discontinued. Arrangements have been made for full size films to be taken when carrying out routine x-ray examination of these patients.

Ante-Natal Care Related to Toxaemia

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th-40th week. It is, however, difficult to evolve a "pattern of supervision" as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Local Authority Ante-natal Clinics often share in the care of patients booked for hospital confinement on social grounds and who are not attending their general practitioner. This helps to relieve the hospital ante-natal clinics, and saves the patients travelling long distances.

Examination—A routine medical examination is carried out at the patient's first visit to the Clinic. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing—All Medical Officers have been supplied with Sahli Haemoglobinometers so that haemoglobin estimations may be made. Ferrous sulphate and ferrous gluconate tablets are supplied at the clinic. Patients not responding to these tablets are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh. factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd—34th weeks on all Rh. negative patients when requested by the Regional Blood Transfusion Service.

Ante-natal Records—Each patient attending the clinic receives a standard co-operation card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water-tight system as the local authority are not always informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes

By the end of 1964 Classes were being held at the following County Council Clinics:—

Alfreton; Belper; Bolsover; Buxton; Chaddesden; Chapel-en-le-Frith; Chesterfield; Clay Cross; Clowne; Derby; Dronfield; Eckington; Frecheville; Glossop; Hackenthorpe; Heanor; Ilkeston; Long Eaton; Matlock; New Mills; Ripley; Shirebrook; Staveley and Swadlincote.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows:—

Mothers are invited to attend a series of six—eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g. mental attitude of both parents; need for regular medical and dental supervision; welfare foods, maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others; they then change over.

The following subjects are covered usually by the Midwife:—

(*a*) the preparation for the confinement;

(*b*) the stages of labour and the normal delivery;

(*c*) the administration of analgesia with demonstration of gas and air and trilene machines;

(*d*) bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include:—

(i) diet and nutrition in pregnancy;

(ii) general conduct in pregnancy including suitable clothing and footwear and care of the breasts;

(iii) the preparations for the baby including layette, cot and pram.

(iv) care of the baby including feeding;

(v) the post-natal examination;

(vi) the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;

(vii) any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

Sound films have proved so popular, especially those showing the birth of a baby, that the Health Education Section now have three copies of "Childbirth without Fear" and two copies of "My First Baby". Other films shown have dealt with breast feeding, nutrition, human reproduction, dental care, child development and home safety.

Two gramophone records in which Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal confinement have also been very helpful in some cases.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

A Health Visitor also attends the Derby City Hospital ante-natal sessions to talk to the mothers about help which the Local Authority can provide after the baby is born.

Special courses for midwives have been arranged by the Royal College of Midwives in Mothercraft and Relaxation, and up to the end of 1964, sixty-eight Midwives have attended. Ten midwives are being sent each year until all the midwives have had an opportunity of attending. (In the year under review only nine midwives were sent because of illness).

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the appropriate Bed Bureau. Kingsmill Hospital, Mansfield has also agreed to allocate six beds per month to patients living on the eastern fringe of the county.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available providing arrangements are not left until the last moment. In most cases, however, applications are based on social need. Where insufficient beds are available for all applicants such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a hospital or Maternity Home bed.

Consulatant Obstetricians are arranging for an increasing number of patients to have "planned" early discharge from hospital i.e. at about 48 hrs. In these cases the domiciliary midwife is notified and she reports to the hospital whether she considers the patient's home conditions are satisfactory. She also advises the mother on the preparations she should make for her return home. The midwife is notified when the patient is discharged from hospital.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances:—

	Bed Bureaux		*Other Hospitals*
	Derby	*Chesterfield*	
Suitable for home confinement ..	33	62	11
Hospital accommodation desirable but not essential	139	171	33
Home conditions unsuitable and hospital confinement necessary	87	323	108
Miscellaneous visits (i.e., cancellations miscarriages, removals from district, etc.)	15	21	18

CHILD WELFARE CENTRES

During 1964, two Child Welfare Centres were opened in the County, at Allestree and Hope, also one in Chesterfield Borough, bringing the total to 110.

The number of sessions and attendances at the Child Welfare Centres during 1964 are set out below:—

Half-day sessions	5,240
Number of children who attended during the year and were born in:—	
1964	9,818
1963	8,757
1962-59	8,180
Total number of children who attended during the year	26,755
Total attendances during the year ..	212,459

CARE OF PREMATURE INFANTS

(i.e., Babies weighing 5½ lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. They relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority. The figures for 1964 are as follows:—

Number of premature live births notified (as adjusted by transfer notifications):—	
(*a*) In Hospital	635
(*b*) At Home or in a Nursing Home ..	208
Total	843
Number of premature still-births notified (as adjusted by transfer notifications):—	
(*a*) In Hospital	128
(*b*) At Home or in a Nursing Home ..	17
Total	145

Of the 635 premature babies who were born in hospital forty-six died within twenty-four hours of birth and 573 survived twenty-eight days.

Of the 208 born at home or in a nursing home, forty-eight were transferred to hospital on or before the twenty-eighth day, and of the remainder five died within twenty-four hours of birth and 155 survived twenty-eight days.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid.

The equipment will be issued in units and each unit will comprise the following articles:—

1. One Cot Set consisting of (*a*) One Cot, (*b*) Two Cot Ends, (*c*) Four Rails, (*d*) Four Lining Rods, (*e*) One Tray, (*f*) One Box (*g*) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.
7. Two Hot Water Bottles.
8. One Hot Water Bottle Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One set of Premature Infant Clothing comprising (*a*) Two Vests, (*b*) One Gown without hood, (*c*) Two Gowns with hood.

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate:—

Northern part of the County excluding the Borough of Chesterfield.

Telephone Nos.

Miss M. Blackbird,
Supervisor of Midwives,
County Council Clinic, Brimington Road,
Chesterfield.

Day—Chesterfield 2773.
Night—Chesterfield 6288.

Southern part of the County

Miss P. Richards,
Supervisor of Midwives,
County Council Clinic,
Cathedral Road,
Derby.

Day—Derby 45934.
Night—Horsley 517.

Chesterfield Borough only

Mrs. M. C. Rhodes,
Supervisor of Midwives,
Town Hall, Chesterfield.

Day—Chesterfield 77232.
Extn. 256.
Night—Chesterfield 2909.

Phenylketonuria

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with the brain development occasioned by the high concentration of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with this condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet is beneficial and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be much more manageable, losing a troublesome restlesness; fits, if present, cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the Doctors of patients concerned are notified of any positive results.

Since May, 1961, Health Visitors have been testing the urine of all the babies in their areas. Two tests are carried out, one at about the 10th to 14th day of life and a second between the fourth and sixth week of life. One positive reaction was obtained towards the end of 1961, and the child's General Medical Practitioner made the necessary arrangements for the patient to receive a full investigation in hospital.

WELFARE FOODS

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Ante-Natal Clinics and Child Welfare Centres which are sold at approximately cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs Ferri Sulphatis Co.), Ferrous Gluconate, and also of calcium with vitamins (Tabs. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases.

National Dried Milk, Vitamin A & D Tablets, Cod Liver Oil and Orange Juice are distributed by the Authority in accordance with its duties under the National Health Service. The foods are issued at County Council Clinics and Child Welfare Centres, supplemented as necessary by distribution through the medium of shops, by arrangement with the proprietors.

The prices and allocation of all Welfare Foods available at Child Welfare Centres are as follows:—

Product	*Price* s.	d.	*Allocation*	
Adexolin		9	1 bottle per week	Available to mothers of children under 5 years of age attending the Child Welfare Centre. The child's signed weight card must be produced before foods can be purchased. Cards must be signed by the Doctor or Health Visitor once each month for Infants under one year, and at least every three months for children between the ages of 1 and 5 years.
Ostermilk ..	3	3	1-3 packets per week	
Ovaltine ..	2	2	1 tin per week	
Rose Hip Syrup ..	1	9	1 bottle per week	
S.M.A. ..	5	6	1-3 tins per week	
Virol	1	10	1 carton per week	
Lactagol ..	1	9	1 packet per week	Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
Ovaltine ..	2	2	1 tin per week	
National Dried Milk ..	2	4	& milk token	Available to expectant and nursing mothers, children under 5 and handicapped children.
(1 to 2 tins per week)	4	0	at full price	
Orange Juice ..	1	6		
Cod Liver Oil ..	1	0		
Vitamin A & D Tablets ..		6		

The following table shows the issues of National Welfare Foods in the County Area in 1964 :—

	National Dried Milk Tins	*Cod Liver Oil Bottles*	*Vitamin A. & D. Packets*	*Orange Juice Bottles*
Issued against coupons—				
(*a*) By stamps	1,085	112	62	825
(*b*) by cash	92,075	10,011	18,797	140,194
(*c*) free	3,033	810	162	3,758
Issued to :—				
N.H.S. Hospitals ..	653	18	—	644
Day Nurseries	62	404	—	450
Issued at full price :— ..	15,867	—	—	—
Totals	112,775	11,355	19,021	145,871

During the year, distribution of the range of foods mentioned above was commenced at The Child Welfare Centre opened at Hope, while National Welfare Foods were made available at shops at Chelmorten, Dove Holes, Inkersall Green, Littleover and Marsh Lane. No centres were closed.

The number of types of distribution centres serving County residents are given below:—

Location	*At County Council Clinics or Child Welfare Centres*	*At other Premises*
Chapel-en-le-Frith R.D. ..	5	3
Glossop Borough	2	—
New Mills U.D.	1	—
Whaley Bridge U.D.	1	1
Buxton Borough	3	—
Bakewell R.D.	5	8
Bakewell U.D.	1	1
Matlock U.D.	2	7
Wirksworth U.D.	1	1
Ashbourne R.D.	—	1
Ashbourne U.D.	1	1
Repton R.D.	4	11
Swadlincote U.D.	1	—
Chesterfield R.D.	21	3
Chesterfield Borough ..	9	—
Bolsover U.D.	2	—
Staveley U.D.	3	2
Clay Cross U.D.	1	—
Dronfield U.D.	2	1
Clowne R.D.	3	—
Blackwell R.D.	8	1
Alfreton U.D.	3	2
Belper R.D.	3	6
Belper U.D.	1	1
Derby Borough	1	—
South-East Derbyshire R.D.	14	3
Ripley U.D.	3	—
Heanor U.D.	2	1
Ilkeston Borough	3	—
Long Eaton U.D.	2	1
Totals	108	55

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

Mr. H. E. Gray, the Senior Dental Officer, has provided the following report:—

"An equivalent of 178 half day treatment sessions were devoted to the treatment of pre-school children and mothers. This was some 40 sessions fewer than in 1963, due to staff changes.

Pre-School Children 942 received inspections, 596 were found with defects and 554 received courses of treatment, during which a total of over 1,000 attendances were made at the clinics.

A large part of the treatment given was by extractions which accounted for the removal of over 600 grossly decayed and septic teeth. This was mostly done under general anaesthesia of which 336 general anaesthetics were administered. 146 fillings were done and 1,100 applications of chemical dressings to slow down the rate of decay in other teeth.

As in previous years, it is gratifying to report that many parents brought their children for regular check-ups, not waiting until there was trouble. Everything is done to encourage this through the Authority's dental health campaign.

Mothers. Of 100 expectant mothers inspected, 93 required attention and 73 elected to be treated. By the end of the year, 49 courses of treatment had been completed. Conservation and extraction treatment were about equal, 138 teeth being saved and 150 lost. Gum treatments were necessary in 28 cases. Eleven sets of dentures were made and fitted."

ILLEGITIMATE CHILDREN

The following shows the way illegitimate children were cared for in the County during the year under review:—

1.	Number of illegitimate births known to the Welfare Authority for the period 1st January, 1964 to 31st December, 1964	328
	Number of unmarried mothers	276
	Number of married mothers	39
	Number of widows	4
	Number of divorcees	4
2.	The number in which the mother and child:—	
	(*a*) returned to live with mother's parents	120
	(*b*) returned to live with relatives	12
	(*c*) found or were helped to find lodgings where they could live together(of these 35 went to Borrowash House Mother and Baby Home and 5 to The Firs, Bakewell).	49
	(*d*) living in their own homes	12
	(*e*) had to separate (i) the child going to the care of a foster mother	5
	(ii) the child going to a Residential Nursery	2
3.	The number of illegitimate children who had been or were being legally adopted	62
4.	The number of mothers who have married since the birth of the child	18
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	54
6.	The number of illegitimate children who have died during the year	2
	Still-births	1

During the year under review 65 unmarried mothers, included in the total of 328 were accommodated in various Mother and Baby Homes, for whom the financial responsibility was accepted by the Derbyshire County Council. The Homes are requested to collect £2 14*s*. 0*d*. per week from each girl accommodated, wherever possible, in view of the fact that she is in receipt of benefits from the Ministry of National Insurance or the National Assistance Board, which leaves her with 13/6 per week "pocket money".

Benefits were increased by the Ministry of National Insurance and the National Assistance Board on 28th January, 1965, and from that date the Homes are requested to collect £3 4*s*. 0*d*., per week from each girl, which leaves her with 16/-d. "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

Reports from the Maternal and Child Welfare Medical Officers were included in this part of my Annual Report for the first time in 1952. This year I wrote to the Maternal and Child Welfare Medical Officers in the following terms:—

"As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report).

Medical Officers should report on the whole field of their work, including the following subjects:—

(1) General health and nutrition of the children, including the level of mothercraft observed among the mothers attending Infant Welfare Centres in the area.
(2) Cleanliness and communicable diseases.
(3) Immunisation procedures:—
  (i) diphtheria immunisation;
  (ii) whooping cough vaccination, etc.;
  (iii) poliomyelitis vaccination.
(4) The role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.
(5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.
(6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples:—

(*a*) Observations on the premature baby.
(*b*) The incidence of breast feeding.
(*c*) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc., and their relation to children classified as "at risk".

(*d*) The early detection of mental defects.
(*e*) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
(*f*) Problem familes and evidence of child neglect.
(*g*) Accidents at play and in the home.
(*h*) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised."

Dr. I. M. McCullough, Senior Medical Officer for Maternal and Child Welfare, reports as follows:—

"*Congenital Abnormalities*

Since January 1964, through a system of voluntary notification on birth notification cards, a record has been kept of children with congenital abnormalities diagnosed at birth. Particulars of these abnormalities have been forwarded to the Ministry of Health. 138 notifications were received during the year. They fall into the following categories:—

Central Nervous System ..	47
Eye, ear	4
Alimentary system	22
Heart and great vessels ..	5
Uro-genital system	8
Limbs	39
Other skeletal	4
Other systems	2
Other malformations ..	7
	138

This is by no means the full record of all the children who suffer from congenital defects. The more obvious defects are diagnosed at birth, but other serious defects such as congenital heart disease, mental retardation, deafness, etc., often do not become apparent until some time after birth. However, a register of all children who are handicapped is also kept and this will include children with congenital abnormalities of serious impact diagnosed after birth. 70 children were put on this register during the year under review. These children are visited regularly by the health visitors to ensure that all available steps are being taken to have their handicap treated.

Children 'At risk'

The Health Visitors keep a record of all children who are considered to be 'at risk' of handicapping conditions by reason of their family history, environmental circumstances, ante-natal, peri-natal or post-natal history. The circumstances which place a child in this category are so many and varied that it is difficult for health visitors to obtain all the necessary details and there is probably a lack of uniformity in deciding which children should be on the register. Very few children put on the register have been removed from it, i.e. have been considered to be no longer 'at risk'. There has been no marked evidence so far that more children considered to be 'at risk' than other children are eventually diagnosed as handicapped, but a long term follow up of these children would be necessary before coming to any definite conclusions.

Midwifery

There have been a few vacancies on the staff throughout the year. The number of domiciliary deliveries dropped by 107 but this was more than off-set by an increase of 697 in the number of those discharged early from hospital. If patients leave early from hospital, domiciliary midwives prefer planned early discharge in 48 hours. Under these circumstances the necessary advice can be given to the mothers about preparations for their home-coming. The mother will go to bed when she comes home and it is easier for a satisfactory feeding routine for the baby to be established before the midwife stops visiting about the tenth day. Patients discharged about the seventh day are liable to take up full household duties immediately and a disruption in the baby's feeding routine at this time is liable to cause difficulties. It is, of course, difficult to know which cases will be suitable for early discharge but I think more planning along these lines could be done by some of the hospitals.

Communication between the hospital and the domiciliary staff when dealing with patients who are discharged early from hospital is generally fairly satisfactory, but occasionally patients are still discharged without prior notification to the domiciliary staff.

The Maternity Liaison Committees have provided an opportunity for hospital staff, general medical practitioners and Local Authority staff to discuss how to provide the best service for the patients and also how to make the best use of the midwives and midwifery beds available.

Nurseries and Child Minders (Regulation) Act

Applications were received under this Act from 17 people. 8 were registered to look after children in their own homes and 4 to care for children in other premises. All the certificates of registration were granted to people who wished to form play groups for children over $2\frac{1}{2}$ years, who attend for about 3 hours, usually two or three days each week. This demand for play groups has come from all parts of the County and is frequently instigated by groups of young mothers, among whom are teachers and nurses who have a knowledge of child care and the mind for reasonable standards of hygiene. Lack of financial resources tends to restrict the equipment available, especially when rent has to be paid for the premises. The registered groups are visited regularly by the Health Visitors. The children appear to enjoy their attendance and the parents feel it provides a useful preparation for admission to school."

Dr. H. E. McNamara:—

"*General Health and Nutrition of the children* The general health of the children is satisfactory. There is a tendency for the children to have too much carbohydrate in their diet and many of the children are too fat.

The level of mothercraft is reasonable in the average case.

Cleanliness and Communicable Diseases Practically all children seen in the last twelve months have been clean.

Communicable Diseases—Thrush There has been an increase in the number of cases of oral thrush. The Health Visitor reports that this is not due to lack of care on the part of many mothers. It is probably the result of the increased use of antibiotics in the treatment of upper respiratory infections.

Measles The recent epidemic of measles has not been reported in the babies attending Infant Welfare Clinics, but has been noted in the histories of elder siblings of the babies.

Immunization Procedures

1. *B.C.G. Vaccination* A rewarding number of children have been referred to the Chest Clinics of Sheffield and Chesterfield for B.C.G. vaccination.

2. *Triple Antigen* Triple antigen is now accepted for the majority of infants seen at the Infant Welfare Clinics.

3. *Poliomyelitis Vaccination* Attendance of children at the Poliomyelitis Vaccination Clinics frequently follows on, if the mother is given the appropriate card to fill in, when the last dose of Triple Antigen is given to the infant.

Health Education

At Clinics it is possible to have individual teaching by the Medical Officer and this comes in the course of history taking and physical examination of expectant mothers or of infants.

Methods of following poor attendances at Ante-natal Clinics. A home visit by the Health Visitor, in charge of the Ante-natal Clinic, is the most satisfactory method of following poor attenders.

Chest Clinics The relationship with the Chest Physicians has been very satisfactory.

Hospitals. There are only two hospitals with whom there is a satisfactory working relationship as regards ante-natal patients.

General Practitioners. The professional relationship with General Practitioners is largely dependent upon the individual doctor.

The Early Detection of Physical Defects. The absolute rule that no child shall receive any vaccine at an Infant Welfare Clinic until he has had his history taken and his physical examination, will ensure that a large number of babies have a physical examination, and a few cases of congenital heart disease, eye disease and congenital dislocation of the hip, will be recorded.

The following congenital defects have been noted in the past 12 months—

1. *Bilateral Congenital Cataract:* 1 case. This child could not stand at the age of 13 months and is possibly mentally retarded. He has been referred to the Audiology Unit as he did not respond to a hearing test, and the diagnosis of deafness is still in doubt.

2. *Blindness due to Bilateral Endophthalmitis:* 1 case. Possibly due to Rubella in mother in early pregnancy.

3. *Congenital Heart Disease:* 1 case—in a child who is a mongol.

4. *Urogenital system:* Imperforate vagina. 1 case.

5. *Limbs:* Polydactyly. 1 case. Mother also manifested polydactyly

Mental Defects:—

(a) Mongolism—2 cases.

(b) Mental Deficiency of no known cause—1 case. Child the eldest of 3. 1 younger sister apparently normal. 1 younger sister too young to be ascertained.

Dr. E. M. M. Murphy:—

"(1) *General Health and Nutrition of Children* remains very good. I still see many babies who are overweight–especially about the age of 6 months.

These babies tend to develop bronchitis—and to have delayed dentition and delayed walking—but, I think on the whole there is some improvement—many mothers are becoming more co-operative in accepting advice regarding feeding of infants and children.

The level of mothercraft is high.

(2) *Cleanliness and Communicable Diseases:* at the Infant Welfare Clinics the standard of cleanliness of the babies is high.

(3) *Immunisation Procedures:* Satisfactory.

(4) *Health Education* at the Ante-natal Clinic and Infant Welfare Clinic—satisfactory.

(5) *Follow-up of Defaulters:* we get few defaulters—follow-up is satisfactory.

The Premature Baby: they all do very well.

Breast Feeding: not popular with most of the mothers.

Early Detection of Physical Defects:—

The Infant Welfare Clinics and the Day Nurseries give a good field for this work—also for early detection of mental defects.

Incidence of Bronchitis and Gastro-Intestinal Conditions—not very high. There is much evidence of Problem Families—but not much evidence of physical child neglect at the Clinics.

I find the incidence of anaemia at my ante-natal clinics is less—mothers are very co-operative about taking iron—and they also appreciate advice about diet.

The incidence of pre-eclamptic toxaemia has also declined considerably. Ante-natal relaxation classes are very popular—and I think do a lot of good. Post-natal exercises are also valuable."

Dr. Muriel M. Helme Sutcliffe:—

"A. **Infant Welfare Clinics**

Attendances at these Clinics continue to show an increase with a considerably high volume of immunisations.

1. *General Health and Nutrition* was good in most cases, but many of the infants are over-weight—probably due to excess of sweets and carbohydrates—there is evidence of the early institution of a mixed diet which includes much tinned food—whilst no frank cases of Rickets have been seen several children showed some "splaying out of lower ribs" and others are somewhat late in walking—most of the mothers purchase and give the children some form of Vitamin C Supplement but a large majority of the infants receive no Vit. A.D. in the form of C.L.O. or Adexolin—in spite of advice from Doctors and Health Visitors.

Many suffer from frequent respiratory illnesses for which an antibiotic is frequently prescribed. Nappy Rashes are not so prevalent and advice is given re washing procedures.

2. *Cleanliness* is generally good but few of problem family mothers attend unless brought in by H.V. Epidemics of Measles, Rubella, Pertussis and Mumps have occurred in the areas—as also an occasional one of Scarlet Fever and a few cases of mild or Attenuated Pertussis in immunised infants.

3. *Immunisation Procedures* are continuing and the use of Disposable Syringes has made this possible at outlying clinics—only an occasional child now needs other than triple.

Booster Doses of Triple Antigen have been commenced at 21-24 months as many G.P.'s commence the initial course very early.

Oral Polio immunization if necessary is usually given to a mother attending with her infant as Saturday morning clinics are not very convenient for mothers with young families. Many of the G.P.'s now give the triple immunization themselves and refer the infant to the clinic for the Polio course.

There is a small but increasing demand for Small-pox vaccination.

4. *Health Education* The Role of the Medical Officer at M. & C. W. Clinics is that of individual advice to the parent—any group education is carried out by the Health Visitors.

5. *Non attendance at A.N.C.* is dealt with very satisfactorily with "follow up" by H.V., Midwife or inquiries to the A.N. Sister at Scarsdale in cases of emergency admission there.

Attendances at A.N. Clinics continues to show a decrease due to the increase in such work undertaken by the G.P.

There has, in some cases, been a slight increase in figures for the last 6 months—Post Natal attendances are poor.

6. *Liaison in my area* is good with Scarsdale and the Consultant (Mr. Blakey).

Many of the A.N. patients qualify for hospital beds on medical grounds (multiparity, former haemorrhage, etc.) and whilst a bed is always offered one still meets the occasional mother (usually multipara) who refuses this advice. Many women obtain beds on social grounds, but there is still a shortage for all who should qualify on R.C.O.G. recommendations. This has been obviated to some extent by early discharge home, but in many cases this provides inadequate rest and care for the mother with many children.

B. General

(*a*) *Premature Babies* are usually satisfactory with a tendency for excessive weight gain.

(*b*) *Breast Feeding* may perhaps be slightly on the increase, but is often given up (or not really established) "owing to the weakness of my milk".

(*c*) *The "Babies at Risk" Register* is not in a satisfactory condition as details of such cases are not freely available to the Clinic Doctor for an adequate follow up.

Mongolism still appears and this year 5 or 6 cases of varying severity have been seen with no obvious cause. A child with a gross ankle bone deformity has had a mid-leg amputation at Sheffield Children's Hospital and now walks well with a Prosthesis.

Large Umbilical Hernias seem on the increase, 2 cases of Imperforate Anus and a Hirschsprung's Disease have been seen.

Congenital Heart Disease (with 2 Neo-natal deaths) still occurs and one wonders whether tachycardia at the infants' first examination may be of importance here.

(*e*) Varying degrees of Respiratory Disease are prevalent in most areas, perhaps more so in Staveley and North Wingfield—this is noted especially in over-weight babies and may be related to the absence of heating facilities in bedrooms.

(*f*) Problem Families are seldom seen at the clinics unless brought in specially by the H.V., but at inspections of Children's Homes the results are very evident in the families of 3-6 children admitted to these homes after parental neglect or other causes. Some of these are of low I.Q. and in several cases suitable only for E.S.N. education.

(*g*) No accidents were seen at the ante-natal clinics.

(*h*) Anaemia was seldom seen at the A.N. Clinics and the few such cases were treated with Folic Acid and Iron.

Toxaemia is apparently on the decline (probably due to Diabetic and other advice) but several cases of a severe "flare up" in late pregnancy have occurred.

Glycosuria tested for routinely, has uncovered a number of cases of Renal Glycosuria, sometimes with a family history of Diabetes Mellitus which need to be watched.

Cardiac Diseases and Rhesus Antibodies have been found in a number of cases.

Relaxation and Ante Natal Classes run by H.V.'s and Midwives are popular but in view of the child care problems which develop in babies and toddlers one wonders whether an occasional clinic class should not be devoted to advice and discussion with these mothers after they have had actual experience of these needs.

No requests have yet been received for Vaginal Cytology Smears although the main clinics are now equipped for this work—recent emphasis in medical press has been laid on the need for this and for full pelvic examination before and during courses of Contraceptive Pills."

NURSERY PROVISION FOR CHILDREN UNDER FIVE

DAY NURSERIES

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston (two), and Long Eaton, continued to operate satisfactorily, and no major changes took place.

Student Training

During the year under review nine students from the County Day Nurseries completed a two-year course of training and all were successful in gaining the Certificate of the National Nursery Examination Board.

The students received courses of Further Education and attended a training centre for this purpose on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of Further Education at Derby. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents

The Charges to Parents for the year under review were the same as set out in my Annual Report for the year 1963 on page 66. However, these were increased from 5th April, 1965, and the maximum charge

to parents is now 14/6d. per day, and the minimum charge 1/-d. per day. The scale of charges to decide when a reduction in the maximum shall be made, is as follows:—

Net weekly earnings of parent and spouse (if any)	*Daily charge* s. d.	*Part-day charge* s. d.
Up to £7 ..	1 0	6
£7 to £8 ..	2 0	1 3
£8 to £9 ..	3 0	1 9
£9 to £10 ..	5 0	3 0
£10 to £11 ..	6 0	3 6
£11 to £12 ..	6 6	4 0
£12 to £13 ..	7 0	4 3
£13 to £15 ..	8 0	4 9
£15 to £17 ..	9 0	5 6
£17 to £19 ..	10 6	6 3
£19 to £21 ..	11 6	7 0
£21 to £23 ..	12 6	7 6
£23 to £25 ..	13 6	8 0
Over £25 ..	14 6	8 9

Where the net weekly earnings are less than £25, the charge for a second child is 1/0d. per day less than the assessed charge for the first child, subject to a minimum of 1/0d. per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

Medical Inspections

Each Nursery is visited once each month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections

The annual dental inspections were carried out at all the Day Nurseries and the state of the teeth found to be generally good. Relatively few defects were found and it was necessary to provide treatment for only 17 of the 137 children examined.

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and

annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

During the year, nursing and domestic staffs at the five Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports

The following reports have been received from the Matrons of the Day Nurseries:—

Chaddesden Day Nursery

"Number of children on the register on 31.12.64	48
Number of children admitted during 1964	38
Number of children who have attended in 1964	75
Average number of children on the register during 1964 ..	47
Average daily attendance of children under two years ..	13
Average daily attendance of children between two and five years	23.2

The Nursery has had a very satisfactory year. Attendance has been excellent, the only marked drops being during school holidays.

Parents, visiting Doctor and Nursery Staff have been very pleased about the excellent health of the children during 1964: only one case of measles and one case of chicken pox occurred.

Very few members of staff have been absent from duty owing to illness.

The Nursery continues to be useful to parents who for one reason or another have to leave their children while they go to work. Priority is given to needy cases, unmarried mothers, widows, etc., and these cases are often admitted via the clinic or via the family doctor.

The change-over from solid fuel to gas heating is appreciated; it is efficient and labour saving. The new formica topped table has made a great improvement in the staff room. The gaily coloured curtains provided for the nursery rooms have considerably brightened them up.

Three students entered for and passed the N.N.E.B. examination.

I greatly appreciate my efficient and happy staff. They play the major part in the running of the Nursery, maintaining the good health and happiness of the children.

The Works Department continues to deal promptly with urgent repairs and this is appreciated and helpful.

The visits from Members of the County Health Committee have been enjoyed. We are all pleased to welcome them and to know they are interested in the Nursery activities as well as the comfort and welfare of the Nursery.

Again I would like to extend my appreciation to the Committee for their thought and consideration shown to parents in financial difficulties."

Whitfield Day Nursery, Glossop

"Number of children on the register at 31st December, 1964 .. .. 0–2 14 } 49
2–5 35 }
Number of children admitted during 1964 .. 0–2 42 } 60
2–5 18 }
Number of children who have attended in 1964 100
Average daily attendance of children under two years 13.16
Average number of children on the register during 1964 46.11
Average daily attendance of children between two and five 21.14

Attendance has been fairly good, low during February and March due to an outbreak of sonne dysentery. A few children have been erratic in attending, in some cases due to fathers being unemployed and some mothers who keep changing their employment.

We still have very few children attending between the ages of 3 and 5 years. From April to September, there was no child attending at the age of four years.

Priority cases which have been dealt with are:—

5 parents separated
12 unmarried mothers
1 mother in hospital for confinement
1 mother detained in hospital
1 widowed mother

Second priority:—

4 school teachers
1 district nurse

Infectious illnesses:—

15 cases of sonne dysentery
5 cases of mumps
1 case of rubella
1 case of chickenpox

Equipment

Replacement of a gas cooking range in the kitchen. Replacement of a gas geyser in the laundry. Cellular cotton blankets, joyboat and a few educational toys have been received in the nursery.

Staff Changes

Miss M. Booth, Staff Nurse, left 18th June, after 15 years' service. She was replaced by Miss V. Martin, N.N.E.B., who commenced duties 7th September, 1964.

New additions to staff

Miss D. Booth, Staff Nurse, N.N.E.B., commenced duties 6th April, 1964.

Miss J. Smith, Nursery Assistant, commenced duties 31st August, 1964.

The new staff have been very helpful with the running of the Nursery and appear to be happy.

We have had several visits by Members of the County Health Committee. It has been a pleasure to take them around the Nursery, and we appreciate the interest shown."

Station Road Day Nursery, Ilkeston

"The past year has seen a marked increase in our daily average, from 18.8 to 23.

The analysis is as follows:—

Number on register on 31.12.64	28
Number admitted in 1964	24
Number discharged in 1964	29
Number who have attended in 1964	54
Average number on register	32
Average daily attendance	23
(under two years	7.5
over two years)	15.5

At the end of the year, the waiting list stood at 18. The average daily attendance is the highest since 1956, when it was 24.1.

This year has been one of steady progress, the turnover has been less and we have seen regular attendances being made by the children. The number of children who have attended part-time on average daily has been 3.3.

We have had no infectious diseases whatsoever during 1964—the only time we had any number of children absent was in late November when 9 children had coughs and colds.

Under priorities we have helped more unmarried mothers this year than in the last few previous years.

Two children received dental treatment following the annual dental inspection by Mr. Gray.

General maintenance of the Nursery premises has been carried out well by the Works Department.

The post of Nursery Assistant became vacant at the end of February—this vacancy was filled by Miss B. Adcock in a temporary capacity, who in turn resigned at the end of July. The post is now filled by Miss M. Bednall who was successful in passing her N.N.E.B. examination in July following a two year course of training in my Nursery and at the Nursery Nurses' Training Centre in Nottingham.

Our thanks go once again to the Museum Service for the changing of pictures on loan. Also for the loan of a tape recorder, which has proved most useful and has been greatly appreciated.

One event in the year was the showing of the film "Kiss of Life" to a small group of mothers. Our thanks to Mrs. Brooks, the Health Visitor, who willingly gave her time so that those who were able and interested could see this valuable film and practice on the demonstration model.

To all Members of the County Health Committee who have paid visits to the Nursery in 1964, may I say how we appreciate their interest and concern for the welfare of the children and staff.

So to 1965, may it prove to be a year when the Nursery Service continues to serve, wherever the need arises."

Whitworth Road Day Nursery, Ilkeston

"Number on register January, 1964			42
	Under 2 years	13	
	Over 2 years	29	
Number on register 31st December, 1964			52
	Under 2 years	15	
	Over 2 years	37	
Children admitted during 1964			42
	Under 2 years	26	
	Over 2 years	16	
Total number who attended the nursery in 1964			86
Children left			32
	Under 2 years	10	
	Over 2 years	22	
Daily average attendance			36
	Under 2 years	11	
	Over 2 years	25	
Average number on register			50.5
	Under 2 years	14.5	
	Over 2 years	36	
Waiting list at December 31st, 1964			20

The Nursery has had a most satisfactory year. With reference to infection, we had 41 children off with measles. The large number affected was probably due to the fact that there has been no measles in the nursery for the past few years.

Little or no additions were made to the Nursery, owing to the proposed extension and new form of heating.

The staff have worked splendidly together, combining as a team and working very hard, the average attendance being the highest since 1956.

Three students sat their N.N.E.B. examination in July, and all were successful: two went to Premature Baby Units in hospital, and one is a private nanny. There are about five students applying for each vacancy.

We have had three visits from Members of the County Health Committee. Their visits are always very welcome and constructive.

The Nursery is serving a very useful purpose, social and economic, to parents and children. I am rather dismayed to find that we have had more unmarried mothers apply during this last three months than during any one year. We have been able to help families during school holidays with compassionate cases: mothers having babies and mothers going into hospital.

The co-operation between the Nurses, Health Visitors and Doctors in the town has been very helpful to the Nursery.

Infectious Illness, 1964

Mumps	*Measles*
4 children	41 children"
2 staff	

Long Eaton Day Nursery

"Number of children on the register at 31st December, 1964	54
Number of children admitted during 1964	42
Number of children who have attended in 1964	87
Average number of children on the register during 1964 ..	53
Average daily attendance of children under two years	10.4
Average daily attendance of children between two and five years	30.2

Children have attended regularly, absent only when they have had slight illness, or the slight illness of a parent.

A number of priority cases have been dealt with during the year. These are for the same reasons as in previous years, namely, confinement of mother, sickness, separation, divorce and many other hardship cases. Some were in the Nursery only for a short stay.

Six cases of mumps were the only infectious disease in the Nursery during 1964.

New equipment comprised a small swing, two dolls' prams, twelve cellular blankets and six rest beds.

The new heating system has made the Nursery very comfortable indeed, and the warmth during the cold weather is much appreciated by all.

I would like to include a word of appreciation to certain members of the Nursery staff who, during the weeks we were without Cook or Cleaner, took on these added duties, and many hours of overtime were put in to keep the Nursery running smoothly.

Visits from the County Health Committee Members continue, and these visitors are always very welcome and helpful.

Two Nursery Students sat for and passed the N.N.E.B. examination."

Reciprocal arrangements with other Authorities

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice-versa; that the home address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice versa, the difference between the charge to the parent and the cost per child-day being met by the appropriate Authority. At the end of the year six Derbyshire children were attending Nottinghamshire Day Nurseries, and one Nottinghamshire child attended a Derbyshire Day Nursery during the year.

Children living near to the northern border of Derbyshire may attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. Eight Derbyshire parents took advantage of this arrangement during 1964.

At the end of the year, twenty-eight children from the County Council's area were attending Derby Borough Day Nurseries.

Training of Pupil Assistant Nurses

The arrangement continued during the year whereby Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Conference

The National Association of Nursery Matrons held its Annual Conference at Llandudno on 14th and 15th March, 1964, and arrangements were made for the Matron of Long Eaton Day Nursery to attend.

MIDWIFERY SERVICE

(Section 23)

General arrangements for the Service

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. The Borough Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Matlock, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table:—

	Number of Midwives on the staff at the end of						
	1958	1959	1960	1961	1962	1963	1964
County Midwives ..	70	68	74	78	82	80	84
Home Nurse Midwives	29	28	28	26	25	21	14

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report seventy-seven Midwives out of a total of eighty-four and fourteen Home Nurse-Midwives out of a total of fourteen are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed; (2) the convenience of patients; (3) the situation of the Midwives' residences; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approximately sixty-six cases per annum, and it has been stated that one Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of fourteen days during the lying-in period.

At the end of 1964 there were 198 Midwives on the County Roll; one hundred were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty-four were County Council Midwives; and fourteen were County Council Home Nurse/Midwives.

Uniform

All midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics

The following table sets out certain relevant figures regarding the Midwifery Service for the years 1958 to 1964.

	1958	1959	1960	1961	1962	1963	1964
Numbers of cases attended by Midwives employed by the Authority :							
(i) As Midwives	3,500	3,548	3,705	3,346	3,544	5,028	4,781
(ii) As Maternity Nurses	1,248	1,304	1,246	1,361	1,714	—	—
Total	4,748	4,852	4,951	4,707	5,258	5,028	4,781
Number of cases in which Gas and Air was administered	374	411	369	375	247	195	149
Number of cases in which Pethidine was administered :							
(i) When acting as a Midwife ..	1,927	1,989	2,198	1,954	1,972	3,150	3,048
(ii) When acting as a Maternity Nurse	707	781	754	857	1,042	—	—
Number of cases in which Trilene was administered :							
(i) When acting as a Midwife ..	2,477	2,733	2,977	2,618	2,879	4,096	3,952
(ii) When acting as a Maternity Nurse	791	929	893	1,097	1,382	—	—

Gas and Air Analgesia

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives Board, was as follows:—

Domiciliary Midwives	98
Employed in Homes and Hospitals in the National Health Service	98
Employed in Nursing Homes or Maternity Homes not in the National Health Service	—

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1964 was 149.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on the administration of analgesics in institutions approved by the Central Midwives Board.

The Central Midwives Board regards the administration by a midwife, acting as such, of Inhalational Analgesics during labour as treatment within her province, provided that:

> "The patient has at some time during the pregnancy been examined by a registered medical practitioner who has signed a certificate that he finds no contra-indication to the administration of the analgesic by a midwife and, if any illness which required medical attention subsequently developed during pregnancy, the midwife obtained confirmation from a medical practitioner that the certificate remained valid".

In all cases where Gas and Air Analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as to the Midwife.

Pethidine

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950 authorising Midwives who have notified their intention to practice to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine, all Midwives were issued with Dangerous Drugs books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered during 1964 was 3,048.

Trichloroethylene B.P. (Trilene).

All Midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational analgesia to Gas and Air. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a "second person" as with Gas and Air Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 3,952.

Refresher Courses

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section "G" of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. In addition, the Supervisors of Midwives attend in rotation the annual Post-Certificate Courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying: (1) the pupil Midwives' salaries and (2) £3 3s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £30 per annum to the Midwifery Teacher.

The Royal College of Midwives—Statement of Policy on the Maternity Service

It is thought that the following "Statement of Policy on the Maternity Service" issued by the Royal College of Midwives in 1964, might prove of interest. In the introduction to the statement the College states "The Maternity Service of Great Britain is facing a grave crisis, owing to the rising birth rate, the increasing demand for hospital confinement, and the overall shortage of practising midwives. This problem is of concern to everyone, and it must be solved if mothers and babies are to have the best possible care. The Council of the Royal College of Midwives, as the professional organisation representing midwives, has drawn up this statement in the hope that it may contribute towards the solution of a very difficult problem".

"*The Maternity Service*

The College believes that the maternity service should be regarded as **one** service, although it is administered by three different authorities. If this principle is fully accepted by everybody, the barriers of the tripartite administration can be broken down, and real unity achieved.

The Midwife

It is essential that the maternity service of the future should be adequately staffed by well-trained midwives. They must be capable, at all levels, of taking their full share of responsibility, with their medical colleagues, for the care of the parturient woman and her child from early pregnancy until the end of the puerperium.

The midwife has been recognised for many years as a teacher of mothercraft, either to individuals or groups of mothers. In view of the present demand from young people for knowledge to enable them better to undertake their responsibilities as parents, greater emphasis should be given to this aspect of the midwife's training and practice.

The College welcomes the suggestion that the midwife should be in attendance for twenty-eight days following confinement. This would give a satisfactory service to the mothers and babies, as continuity of care and guidance would be ensured, though daily visits during the latter part of this time would be unnecessary.

Place of Confinement

Until the demand for additional maternity beds is satisfied, the beds available must be used to the best advantage. Hospital confinement must be planned for those women with adverse medical, obstetric or social conditions. Those with good domestic circumstances, for whom a home confinement is considered suitable, should be encouraged to make use of the excellent domiciliary service which is available for them. Many women prefer to be at home for their confinement, but there are some who have not had this experience and do not realise what is provided.

They should never be given the impression that if they have their baby at home they will receive a second-best service.

In some parts of the country there are insufficient beds to allow all women who need hospital confinement to remain in hospital for the normal period of ten days. In these areas it is at present necessary for some mothers with suitable home conditions to go home early.

The College believes that early discharge schemes should only be regarded as a temporary emergency measure, to make it possible to provide beds **now** for all women who really need them, both for ante-natal care and delivery.

Careful planning and organization is essential, and the women must be prepared beforehand for the possibility that they may go home early if all goes well.

If possible they should be discharged within the first 48 hours after confinement, so that continuity of care by the domiciliary midwife can be maintained. Other mothers, particularly those with bad home conditions, should remain in hospital for ten days.

The Domiciliary Service

At the present time over a quarter of a million births take place at home, that is 34 per cent of all births. In addition to this, approximately 20 per cent of mothers delivered in hospital receive most of their post-natal care at home, so that it is obvious that the domiciliary service is an absolutely essential part of the maternity service.

It must be maintained at the highest possible level of efficiency, the midwives being provided with the most up-to-date equipment, and car transport. There should be sufficient staff to enable them to give their undivided attention to women in labour.

Domiciliary midwives must be supported not only by general practitioner-obstetricians, with whom they work in close co-operation, but also by efficient and readily available emergency obstetric and paediatric services. The Home-Help service also needs considerable expansion to provide adequate domestic help for mothers delivered at home or discharged early from hospital. In these circumstances the domiciliary service can offer, for normal cases, a service as safe and efficient as that provided by the hospital, with the added advantage to the mother of her home surroundings.

The Hospital Service

If the maternity hospitals are to withstand the increasing pressure placed upon them, steps must be taken at once to recruit more midwives and to retain existing staff. Prospects of promotion in the midwifery profession are at present limited, and the ten-year hospital plan, by abolishing over 150 independent maternity hospitals and replacing them by maternity units of district general hospitals, will diminish rather than improve these prospects. A profession with so few first-grade administrative posts will never attract or keep leaders.

The College believes that all but the smallest units, whether or not they are training schools, should be administered by midwifery matrons, and not by the matrons of the general hospitals to which they are attached.

Midwives should be given more opportunities to take courses in administration to prepare themselves for these posts, and consideration should be given to providing a special administrative course for midwives. This should be in addition to the Midwife Teachers' Diploma, which at present is the only post-graduate midwifery qualification available.

Salaries and Conditions of Service for Midwives

If the maternity service is to be adequately staffed by midwives it is essential that the value to the community of their professional skill, and the heavy responsibilities they undertake should be fully recognised in their salary and status. The College believes that this has not yet been achieved and that salaries in both the hospital and the domiciliary field must be made more attractive.

Conditions of service, particularly with regard to arrangements for off-duty and night duty rotas must be improved. This applies as much to the domiciliary as to the hospital service.

All midwives should have sufficient clerical and auxiliary help to free them from extraneous tasks so that their knowledge and skill may be devoted to the immediate care of the mother and child, and to the teaching of the mother, the junior staff and the pupil-midwife.

Conclusion

These are challenging and exciting days and much research work is being done to evolve the best possible maternity service for the country. The Royal College of Midwives will always endeavour to be progressive in its thinking, and thereby make its full contribution towards this end."

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands.

The Health Visitor's duties are many and varied; in this County they include school nursing, attendance at maternal and child welfare, tuberculosis and poliomyelitis clinics, tuberculosis visiting, care of the aged and the subnormal and handicapped child. Much progress has been made, especially at Mothercraft and Relaxation Classes and in the schools.

Health Visitors are in frequent touch with the hospitals, either directly through the hospital almoner or by receiving written details of cases when they are discharged from hospital. In this way they are kept informed of any cases requiring their special supervision and help.

In the year under review, 11 Health Visitors were appointed, including four Student Health Visitors who were sponsored by the County Council under the scheme for the training of Health Visitors which is described below, and who qualified during 1963. Three Health Visitors retired, and one resigned owing to her husband obtaining a post in another part of the Country. One Health Visitor was given two years' leave of absence in order to take a course in the teaching of Art.

Training of Health Visitors

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses who hold at least the first certificate under the Central Midwives Board's rules, or have had three months obstetric training, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly the scheme provides for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid the minimum of the Health Visitor's salary during the training period. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

In all, 31 Health Visitors have been trained under this scheme since 1949, and of these only 4 have left the County Council's service since their contracts expired. Two students commenced training in October of the year under review.

Liaison between General Medical Practitioners and Health Visitors

I wrote the following letter to the Health Visitors on the 10th November, 1964:—

"At the meeting arranged at the County Offices at 3.45 p.m. on Friday, November 6th, 1964, to discuss the practicability of the attachment of Health Visitors, in whole or in part, to General Medical Practitioners, 51 Health Visitors attended out of the 68 employed at the present time (outside the Delegate Authority of the Borough of Chesterfield).

The Clerk of the Derbyshire Executive Council provided the following numbers of single-handed General Medical Practitioners and partnerships as at 31st December, 1962:—

	Resident in the administrative County	*Not Resident in the administrative County*
Single-handed practices ..	60	76
Two-Doctor partnerships ..	48	54
Three-Doctor partnerships	30	18
Four-Doctor partnerships	8	9
Five-Doctor partnerships ..	5	3
Six-Doctor partnerships ..	—	1
Number of Doctors ..	303	295
Total number of Doctors		598

In my Annual Report for 1962, I reported as follows:—

"Increasing stress is being laid on the importance of liaison between the Health Visitor and the General Practitioner. For many years, in this County, Health Visitors have been asked to introduce themselves to the General Practitioners when they start work in their area. Many have no hesitation in discussing problems relating to patients with the General Practitioner concerned, but there is still room for closer co-operation between all field workers on the district . . . ideally, it would be nice if one Health Visitor was attached to each General Medical Practitioner . . ."

It will be seen from the figures that I have set out above for Health Visitors, as well as General Medical Practitioners that "attachment" is very difficult, particularly when Practitioners practise in more than one "area of administration" (e.g., when they practise in the Administrative County and in places like Sheffield, Derby or Burton, or in the adjacent County Council areas, as well as the Delegate Authority of Chesterfield). There is the additional point, that it all depends what "attachment" means. We, in this County, have issued a comprehensive Hand Book, setting out the names and addresses and telephone numbers of the Health Visitors, as well as other staff, so that they might be readily accessible, whether at the Clinics or their homes. As mentioned above, Health Visitors have been asked to introduce themselves to the General Medical Practitioners, when they start work in their areas. This must produce a degree of "attachment".

As a result of our discussion on November 6th, I am asking Health Visitors to go one step further—by requesting them to approach each General Medical Practitioner who is responsible for a substantial number of patients in their areas (they ought to know who they are from their health visiting), and offering to make a fixed appointment to see him, say, once a week, fortnight, three weeks or a month, at a mutually convenient time. I do not mind where the meeting is arranged, e.g., it could be at his surgery or at a County Council Clinic. It is thought that this might afford an occasion for discussing cases of common interest, or where the assistance or advice of one or the other would be advantageous in the treatment of a patient.

In this connection, I am setting out an excerpt from the "Gillie"* Committee's Report (para. 137):—

"In all departures from health, social and environmental issues impinge on the medical problems. Co-ordination of the findings and advice of social workers with those of the doctor is essential if work in caring for the community is to be fully effective and not conflict or overlap . ."

I should like you to write a letter to me, marked "personal", indicating the extent of your success, or lack of success, in arranging for this suggestion to be carried out.

*Dr. Annis Gillie was the Chairman of a Special Sub-committee of the Central Health Services Council that reported on "The Field of Work of the Family Doctor". The Central Health Services Council is a body which advises the Minister of Health on the operation of the National Health Services."

The following is a summary of the replies that were received:—

(1) Replies were received in respect of 69 Health Visiting Areas.

(2) Total number of General Medical Practitioners who were approached by the Health Visitors 567

(3) Number of General Medical Practitioners who agreed to a regular meeting taking place:—

(*a*)	once a week	9
(*b*)	once a fortnight	14
(*c*)	once every three weeks	—
(*d*)	once a month	41

(4) Number of General Medical Practitioners who did not agree to regular fixed meetings, but who preferred contacts to be made as the need arises .. 436

(5) Number of General Medical Practitioners who had not replied to the approach.. 57

(6) Ten General Medical Practitioners favoured having regular meetings with the Health Visitors (seven in one area and three in another area), but had not decided how frequently they would like to meet.

(NOTE:—The "Number of General Medical Practitioners" means the total number of the individual Doctors concerned, i.e., a group practice or a partnership with, say, three members, is counted as three Doctors.)

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this report (Appendix I).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the table on pages 83 and 84, for easy reference. The headings under which the statistics appear are self-explanatory and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General).

MATERNAL AND CHILD WELFARE

1. Ante-natal Clinics—

Number of sessions	1,202
New Cases	2,043
Ante-Natal attendances	7,894
Post-Natal attendances	213

2. Visits to Homes—

Number of children under five years of age visited during year	56,110
Children under one year of age:—	
Cases visited	14,199
Children age one year and under two years:—	
Cases visited	13,273
Children age two but under five years:—	
Cases visited	28,638
Tuberculosis Households:—	
Cases visited	811
Other cases visited	2,471

3. Infant Welfare Centres:—

Number of sessions	5,240
Number of children who attended during the year and who were born in:—	
1964	9,818
1963	8,757
1962-59	8,180
Total number of children who attended during the year	26,755
Total attendances during the year	212,459

	1957	1958	1959	1960	1961	1962	1963	1964
NUMBER OF NOTIFIED BIRTHS :								
Live Births	10,946	10,991	12,532	12,908	12,975	13,954	14,042	14,366
Still Births	274	298	281	291	281	289	226	244
Total Births	11,220	11,289	12,813	13,199	13,256	14,243	14,268	14,610
DOMICILIARY MIDWIFERY :								
L.H.A. Midwives—Number of cases attended :								
as Midwives	3,430	3,500	3,548	3,705	3,346	3,544	5,028	4,781
as Maternity Nurses	1,351	1,248	1,304	1,246	1,361	1,714	—	—
Total	4,781	4,748	4,852	4,951	4,707	5,258	5,028	4,781
Midwives in private practice—Number of cases attended :								
as Midwives	—	—	—	—	—	—	—	—
as Maternity Nurses	5	—	—	—	—	—	—	—
Total	5	—	—	—	—	—	—	—
Domiciliary Cases—Grand Total	4,786	4,748	4,852	4,951	4,707	5,258	5,028	4,781

	1957	1958	1959	1960	1961	1962	1963	1964
Number of Domiciliary Cases attended as a percentage of all notified births	42.66	42.05	37.79	37.51	35.5	36.91	35.24	32.69
ANALGESIA.								
Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice	3,631	3,642	4,073	4,239	4,090	4,508	4,291	4,101
Number of cases of Analgesia as a percentage of domiciliary births	75.86	76.7	83.94	85.61	84.77	85.73	85.34	85.77
ANTE-NATAL CLINICS.								
Number of L.H.A. Clinics	24	24	24	25	25	25	25	25
Number of new cases attending during the year	3,349	3,149	2,924	2,732	2,229	2,065	1,962	2,043
Number of new ante-natal cases as a percentage of all notified births	29.85	27.89	24.38	20.69	16.8	14.49	13.75	13.98
POST-NATAL CLINICS :								
Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	506	485	473	470	399	308	279	213
Number of new post-natal cases as a percentage of all notified births	4.51	4.29	3.69	3.56	3.09	2.06	1.95	1.46
INFANT WELFARE CENTRES :								
Number of L.H.A. Centres	92	95	97	98	101	103	107	110
Number of Voluntary Centres	2	2	2	2	2	3	3	2
Number of children who first attended an Infant Welfare Centre during the year (under one year)	7,069	7,294	9,108	9,205	9,589	10,451	7,663	9,818
Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births	63.00	66.36	72.67	71.31	72.34	73.37	54.57	67.2

HOME NURSING SERVICE
(Section 25)

This service has now been in operation for fifteen years and its value to the community is so well-known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care and after Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table gives some indication of the staffing position since the inception of the service.

	1950	1955	1960	1961	1962	1963	1964
Full-time—							
Home Nurse-Midwives	38	30	28	26	25	21	14
Home Nurses ..	104	108	113	115	127	128	133
Total	142	138	141	141	152	149	147
Part-time	2	—	1	—	—	—	—
TOTAL full-time and part-time	144	138	142	141	152	149	147

During 1964 the nurses attended 13,811 patients and the number of visits paid was 382,703; 41% of the patients attended were over sixty-five years of age at the time of the first visit, and 3% were under five years of age.

The County Council has realized the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 140 out of 147 nurses. Many nurses take advantage of the County Council's Scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their housing estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of people.

The principle of enabling nurses to attend post-certificate or refresher courses every five years has been continued, and in addition to this, in recent years, a limited number of nurses have been allowed to attend special courses on Mental Health. This type of course is felt to be important in view of the changing attitude towards mental illness. There can be no doubt that money spent on these courses is well worthwhile, as the nurses are made aware of the latest advances in treatment.

VACCINATION AND IMMUNISATION

(Section 26)

At the time of writing this report in May 1965, the Authority's services are available to provide immunisation facilities against diphtheria, poliomyelitis, smallpox, tetanus and whooping cough. These prophylactics are, of course, available at all the County Council's Clinics and, if patients desire, they can be administered by their own Medical Practitioners to whom the County Council makes available the appropriate antigens.

The question of vaccination and immunisation is never lost sight of when the Department's Health Education Programme is considered.

Meetings are arranged with the County Council's medical staff from time to time, when aspects of immunisation programmes which are of current interest are discussed and problems are brought forward.

In 1962, the Ministry of Health issued circular 17/62 to County and County Borough Councils, asking that every Local Authority should make it their business to be sure that with the collaboration of local doctors they had arrangements planned which would raise the standards of immunity in their respective areas to a level with the best in the country. We have always appreciated the importance of collaboration with local doctors and, as mentioned above, patients, if they desire, may be immunised by their own doctors to whom the Council makes available the appropriate antigens. A letter over the signatures of the Chairman and the Secretary of the Derbyshire Local Medical Committee and the County Medical Officer of Health was sent to all practitioners practising in Derbyshire on 13th February, 1963 seeking their help in raising the standards of immunity to a level with the best in the country.

The main changes affecting vaccination and immunisation during 1964 were of an administrative nature.

On the 17th November, 1964 the Ministry of Health issued Circular 20/64 which laid down new rules concerning record keeping and payment of fees for various vaccinations and immunisations, other than against smallpox, which was dealt with in a similar circular. B.C.G. was not dealt with because it is not undertaken by General Practitioners but only by the County Council Staff and Chest Physicians.

Briefly, the circular stated that after consultation with the Associations representing Local Health Authorities and the medical profession it was considered that authorities had at their disposal sufficient information to assist them in carrying out their programmes if records are maintained only for children who have not yet reached their sixteenth birthday, and that national statistics were similarly being restricted to children.

This, of course, means that from this time in the case of people over 16 years old, Local Health Authorities are not required to keep records of immunisations and vaccinations, except against B.C.G.

where, under a separate recommendation, it has been suggested that records are kept for ten years in case a child or person develops tuberculosis who has previously been investigated, or vaccinated with B.C.G.

The Ministry also suggested that Local Health Authorities need not normally keep any records of vaccinations and immunisations against diseases other than those recommended in the schedules included in the Ministry's booklet "Active Immunisation against Infectious Disease": these are, in brief, the ones referred in the first paragraph of this section.

Regarding the payment of record fees to General Practitioners, it is now laid down that an agreed record fee of 5s. is payable whether the person vaccinated or immunised is on the Doctor's National Health Service list or is a private patient, on receipt of a record in the standard form, and that records should be sent to Local Health Authorities immediately the immunisation has been completed but in any event not more than three months later.

As regards smallpox vaccination, the fee will be payable when a record is received showing that the vaccination was successful at the first attempt or that a second attempt, successful or not, was made, and this applies equally to primary vaccination and to one re-vaccination before the sixteenth birthday.

It is further advised that as regards diphtheria, tetanus or pertussis immunisation, one fee will be payable for a record of each primary course, e.g. the first three injections in schedule 'P' or the first two injections in schedule 'Q', and a further fee will be payable for the record of each re-inforcing dose required before the sixteenth birthday.

In the case of poliomyelitis a fee will be payable for a record of a primary course of vaccination consisting either of two doses of inactivated vaccine or of three doses of oral vaccine. In the former case a further fee will be payable for a record of completion of the basic course of immunisations either by one dose of inactivated vaccine or by two doses of oral vaccine. A further fee will be payable for one re-inforcing dose before the sixteenth birthday. Lastly, Circular 20/64 makes the point that where combined prophylactics are used, only one fee should be paid for the record of each primary course or re-inforcing dose.

Poliomyelitis

Immunisation against poliomyelitis has now become sufficiently well established and understood in the country and in the county as to need little further amplification on my part.

There were no differences during 1964, except possibly more emphasis was placed on oral immunisation rather than immunisation by injection and the figures given below bear out this point.

However, as some doctors or patients may prefer to use the vaccine which is administered by injection, it has still been available throughout the year under review. The following table refers to the numbers of injections given during 1964 and also the numbers who received oral vaccine:—

2 injections of vaccine	827
3rd injection of vaccine	866
4th injection of vaccine	321
3 doses of oral vaccine	12,050
Reinforcing doses of oral vaccine	8,082

It will be appreciated that at this stage there is still some overlapping of the two types of vaccine and persons who received their primary course of immunisation with one vaccine may have received their reinforcing dose with the other type.

On the whole the success which has attended the vaccination campaign and the ease of administration of the oral vaccine, as well as the greater convenience to both the patient and the doctor, leads to the conclusion that the oral method will supersede the vaccine which is given by injection.

Diphtheria

There were no cases of diphtheria during 1964, but it should be remembered that in 1961 two cases occurred after five years in succession without a case occurring. This, of course, emphasises the need for continued watchfulness with regard to the prevention of this disease. The table below shows the number of cases given primary and booster doses from 1955 to 1964:—

Immunisation against Diphtheria

Year	*Primary*	*Booster*
1955.. ..	7,677	8,028
1956.. ..	8,314	5,831
1957.. ..	8,577	6,570
1958.. ..	8,973	4,536
1959.. ..	9,552	4,492
1960.. ..	13,152	13,166
1961.. ..	12,544	7,562
1962.. ..	9,891	3,794
1963.. ..	10,179	4,451
1964.. ..	10,928	6,511

Smallpox

No cases of smallpox occurred in the County during 1964. The following Table shows the number of vaccinations over the last ten years. The high numbers for 1962 were a result of the widely publicised epidemics which occurred in various parts of the Country during that year.

Vaccination against Smallpox

Year	*Vaccination*	*Re-vaccination*
1955	1,816	476
1956	2,276	564
1957	2,833	656
1958	3,541	715
1959	3,234	648
1960	3,517	736
1961	3,197	644
1962	50,973	22,728
1963	3,029	1,356
1964	3,638	953

The following Table shows the numbers vaccinated and re-vaccinated during 1964 in the various age groups:—

NUMBER OF PERSONS VACCINATED (or RE-VACCINATED) DURING 1964

Age at date of Vaccination	*Under 1*	1	2 *to* 4	5 *to* 14	15 *or over*	TOTAL
Number Vaccinated	559	1,131	1,009	276	663	3,638
Number Re-Vaccinated	2	4	33	128	786	953

In recent years controversy has arisen as to the desirability of early vaccination and whether this is an essential weapon in combating the disease. The only advice I can give is that I would recommend that every child be vaccinated before the age of two years as at that period complications are less serious than in adolescence and adult life.

Whooping Cough

The following Table is given in the form in which it is sent to the Ministry of Health and shows the number of children who have been given this form of immunisation in 1964:—

Year of birth	*Number of children*
1964	3,229
1963	5,839
1962	904
1961	214
1960	93
1955-1959 ..	218
1950-1954 ..	37
Total ..	10,534

During the year, 440 cases of whooping cough were notified, and there was one death from the disease.

Tetanus

Tetanus antigen has been available for active immunisation against this disease for use by General Medical Practitioners and the Medical Officers of my Department for a number of years, and during the year 1,115 immunisations were recorded.

It is thought that the following extracts from the *British Medical Journal* of 7th September, 1963 on active immunisation might prove of interest:—

> "There is fortunately a growing appreciation of the benefit of active immunization against tetanus—not so much because of the incidence of tetanus (which is quite small) but rather because it can eliminate the necessity of giving tetanus antitoxin after an injury. More illness (in forms of anaphylaxis and serum sickness) is caused by horse-serum than by tetanus. Immunization is particularly indicated for persons who by reason of their occupation or environment are exposed to the risk of tetanus if they are injured; these include agricultural, veterinary, sewage, and garage workers, but almost everyone (especially the child) is at risk. It is a sobering thought that in a recent survey of 33 cases of tetanus 11 (33%) had either no visible injury or one so slight that medical attention was not sought.
>
> **Tetanus Toxoid (Tet/Vac)**
>
> This vaccine is prepared in two forms, a plain fluid preparation, and one adsorbed on aluminium hydroxide (Tet/Vac/PTAH). Both are effective vaccines, but the adsorbed preparation is rather more effective than the fluid preparation in that it gives a somewhat greater degree of protection between the second and third doses. It has the additional important advantage that it can (and should) be administered at the same time as tetanus antitoxin (A.T.S.). When the fluid preparation is used there should be an interval of at least six weeks between the giving of the antitoxin and the toxoid because of the risk of interference with the response to the latter. Smith *et al.* have shown that interference does not occur when the adsorbed toxoid is given simultaneously with the antitoxin.
>
> **Dosage and Intervals between Injections**
>
> A primary course of immunization consists of three doses each of 0.5 ml. There should be an interval of 6 to 12 *weeks* between the first and second doses and one of 6 to 12 *months* between the second and third. The more these intervals are shortened or lengthened the less satisfactory will be the response to the antigen.
>
> Immunization is best started in infancy, the primary course being given in the form of DTP/Vac—three doses at monthly intervals."

The Local Health Authority makes available the immunising material for active immunisation: this is now in two forms—the normal tetanus vaccine (Tet/Vac) and the adsorbed tetanus vaccine (Tet/Vac/PTAH). These are available for the Authority's staff and for General Practitioners, both in $\frac{1}{2}$ ml. or 1 ml. doses. The advantage of the PTAH or adsorbed vaccine is that it can be given at the same time as antitoxin.

Perhaps a further explanation is advisable. While anti-tetanic serum confers passive immunity, toxoid confers active immunity. If toxoid was given at the appropriate times it would be unnecessary to use anti-tetanic serum at all, but unfortunately some people have never had any toxoid and under these circumstances there is no option, in order to give the necessary "cover" immediately to a patient who has an injury that might give rise to tetanus but to give anti-tetanic serum. A

number of patients in the past have been given anti-tetanic serum—or anti-diphtheretic serum for that matter—who, if given serum again might develop not only side effects which are serious, but the anti-toxic serum passes through the kidneys quickly, because of the reaction of the body due to being previously sensitised, and it does not then maintain the "cover" of anti-toxin for two to three weeks. There is a further difficulty—that records of patients, whether they are treated by general practitioners, doctors in the hospital sphere, doctors in local authority employment, or industrial medical officers, are often incomplete and we are in a quandary to know what antigens have been given in the past. If we could have uniform records provided nationally, which would be generally acceptable to the medical profession in all spheres of practice, then we would know exactly what had to be done. The difficulty is that you can take a horse to water but you cannot make him drink! In the hospital sphere particularly, because of the uncertainty of reliable clinical records, they sometimes give anti-tetanic serum as well as toxoid. If they afterwards would ask the patient to return in six to twelve weeks time and give some further toxoid, then no more anti-tetanic serum need be given subsequently. A later injury would then require the administration of only toxoid.

Consideration has been given recently and questions have been asked as to how often re-vaccination against tetanus should be carried out: the usual rule is that after the primary course, which is set out above, re-vaccination should be carried out five years later and again five years later still, that is ten years after the original primary course was given.

An article in the *British Medical Journal* of the 27th March, 1965 in fact states, "in practice tetanus toxoid is usually given as part of D.T.P. Vac. Protection may be assumed to last three to five years after the primary course or a reinforcing dose . . . Reinforcing doses should be given five and ten years later".

There is also an interesting letter in the *British Medical Journal* of 20th March, 1965 where some workers considered the immunisation state of people who had been inoculated against tetanus five or even fifteen and twenty years before, and in 72 cases which were followed up the last tetanus toxoid injection had been given over five years previously, and in 25 of these the interval varied from fifteen to twenty years after injection. They suggested, therefore, that with adequate evidence of a past course of three or more injections of tetanus toxoid, a booster dose in the form of 0.2 ml. of adsorbed tetanus toxoid is all that is required in the event of an injury, even though twenty years have elapsed since that course.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis

In my report for 1961, I devoted some five-and-a-half pages to discussing B.C.G., which has now become an established practice. Briefly, there are two schemes for vaccination against tuberculosis: first, the contact scheme which is carried out by Chest Physicians

through the Chest Clinics; and secondly the routine vaccination of school children between their 13th and 14th birthdays (subject to parental consent). Details of the work carried out under the two schemes are given below:—

Contact Scheme

	Number vaccinated		*Number vaccinated*
1953	269	1959	586
1954	379	1960	444
1955	387	1961	652
1956	339	1962	480
1957	530	1963	370
1958	694	1964	581

Schoolchildren

Year	*No. of schools at which skin testing and* B.C.G. *were carried out*	*Offered skin testing and* B.C.G.	*Skin tested*	*No. found positive*	*Tuberculin negative*	*Vaccinated with* B.C.G.
1957	6	584	442	not available	330	329
1958	29	3,098	2,065		1,564	1,542
1959	68	9,694	6,405	1,394	4,891	4,725
1960	79	12,777	8,752	2,043	6,480	6,369
1961	75	9,459	6,032	1,178	4,644	4,566
1962	79	7,983	6,288	1,606	4,561	4,418
1963	84	7,446	5,936	1,287	4,614	4,553
1964	69	6,895	5,239	1,102	4,070	3,649

Students attending Further Education Establishments

Year	*No. of establishments at which skin testing and* B.C.G. *were carried out*	*Offered skin testing and* B.C.G.	*Skin tested*	*No. found positive*	*Tuberculin negative*	*Vaccinated with* B.C.G.
1960	3	117	64	34	30	30
1961	4	390	220	28	185	175
1962	2	56	37	16	21	21
1963	3	357	146	50	95	94
1964	2	60	50	10	40	40

Yellow Fever

Persons who propose to travel to certain countries are required to possess an International Certificate of Vaccination against yellow fever as a condition of entry. The County Council's Clinic at Cathedral Road, Derby, has been designated by the Ministry of Health as one of the 40 Centres in the Country available for giving this form of vaccination, and since the scheme came into operation on 1st July, 1960, a medical officer of the County Council's staff has attended this Clinic each Monday morning to vaccinate intending travellers. A charge of £1 1s. 0d. is made for each vaccination performed. During the year 157 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation

During the year the Administrative County continued to be served by a wholly directly-operated service from:—

(*a*) four main stations with radio control and one sub-station, all of which are manned throughout the 24 hours; and

(*b*) nine sub-stations manned during the day-time only.

In respect of the day stations, night cover was afforded by stand-by arrangements augmented by the main stations' resources, with the exception of Glossop, where complete night cover was given by the Stalybridge Ambulance Station operated by the Cheshire County Council. Day stations continued to be manned from 8 a.m. to 7 p.m. daily, with the exception of Glossop, which is manned from 7 a.m. to 7 p.m.

In 1962, the Council agreed in principle:—

(i) to extend the hours of manning of Day Stations until midnight daily; and

(ii) subject to the approval of the Ministry of Health, to close the Heanor Station and transfer the resources of vehicles and personnel to the main Control Station (manned at all times) at Ripley and the Day Station at Ilkeston, each of which is only approximately four miles respectively from Heanor.

Whilst financial provision was made in the Estimates for 1964/65, this project was not implemented as the necessary consultations had not been concluded and approval regarding the closure of the Heanor Ambulance Station had not been received. Having regard, however, to the comments in my Report for last year regarding the increase in road traffic and the higher incidence of road accidents, it is hoped that the extension of the hours of manning of Day Stations will be implemented as early as possible in respect of those areas at present covered by standby arrangements at night in order that up to midnight there will be a quicker turnout of emergency crews.

The Superintendents of the main stations continued to supervise the day stations within their own telephone area during the absence of the day station Superintendents for short periods.

The following procedure is adopted for calling an ambulance:—

(*a*) *Urgent Calls*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the telephone exchange operator and ask for "Ambulance". The caller would be automatically put through to the appropriate ambulance station, when the call would be accepted and dealt with regardless of whom the caller might be.

(*b*) *Non-urgent Calls*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

The Council has kept all hospital and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the Police, the Fire Service and Telephone Authorities, in or serving the County, informed of the addresses and telephone numbers of the Ambulance Stations in the County and the method of calling an ambulance.

The arrangements, which were made at the inception of the Service, whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours, were continued. Similar reciprocal arrangements in force since the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued, in the interests of economy and efficiency.

As in the past, all long distance journeys outside the County were dealt with centrally. In order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other authorities, the arrangements with certain neighbouring authorities to waive charges were continued during the year.

The following is a list of addresses and telephone numbers of the County Council's Ambulance Stations at the time of writing this Report; but it is anticipated that certain amendments are likely to take place in 1965.

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	*Telephone Numbers*		*Address*
	8 a.m. - 7 p.m.	7 p.m. - 8 a.m.	
Main Station			
*MICKLEOVER	Derby 53916		Station Road, Mickleover, Derby.
Sub-Stations			
Ashbourne ..	Ashbourne 441		Park Avenue, Ashbourne.
Ilkeston	Ilkeston 3401	Derby 53916	Manners Avenue, Ilkeston.
Long Eaton ..	Long Eaton 5151		Briar Gate, Long Eaton.
Swadlincote ..	Swadlincote 7041		Civic Centre, Off Midland Road, Swadlincote.
Main Station			
*RIPLEY ..	Ripley 2175		Ivy Grove, Ripley.
Sub-Stations			
Heanor	Langley Mill 3141	Ripley 2175	Wilmot Street, Heanor.
Matlock	Matlock 706		Town Hall, Bank Road, Matlock.
Main Station			
*BUXTON ..	Buxton 2012		Park Road, Buxton.
Sub-Stations			
New Mills ..	New Mills 3333		Park Road, New Mills.
Bakewell	Bakewell 2551	Buxton 2012	Baslow Road, Bakewell.
Glossop	Glossop 3101 (7 a.m.-7 p.m.)	(7 p.m.-7 a.m.)	Talbot House, Talbot Road, Glossop.
Main Station			
*CHESTERFIELD	At all times		Old Road, Ashgate, Chesterfield.
Sub-Station			
**Eckington ..	Chesterfield 6282		Castle Hill, Eckington.

*Manned throughout the 24 hours and equipped for radio control.

**Manned throughout the 24 hours. Apart from the requisitioning of ambulance transport, the Telephone No. of this Station is Eckington 2391.

NOTES: (*a*) For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".

(*b*) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m. to 7 p.m. (or 7 a.m. to 7 p.m. as in the case of Glossop) contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered Patients

No change was made in connection with the transportation of mental patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed mental

patients to and from that hospital; under this arrangement full advantage was taken of the use of specially trained nurses from the hospital, for escort purposes. The remaining Ambulance Stations in the County dealt with the transportation of mental patients outside the scope of this arrangement. The Ambulance Service continued to convey patients to one Training Centre in the County, namely, the one at Matlock, until July when the centre was closed; all mileage undertaken in this connection was charged to the Mental Health Service.

Conveyance of patients by rail

The conveyance of patients by ambulance/rail/ambulance transport has generally now become accepted as the recognised method for long distance journeys. The number of rail journeys undertaken during the year under review was 212 compared with 234 the previous year. The staff of British Railways, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly, the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escorts.

Infectious Diseases

As in the past, no special vehicles were set aside for this purpose and all cases of infectious diseases requiring ambulance transport were conveyed by the general Ambulance Service. All ambulance personnel are familiar with the procedure for the disinfection of ambulances and equipment. In connection with the transportation of patients suffering, or suspected of suffering, from smallpox, special equipment is held at each Main Station to deal with any cases which might arise.

All ambulance personnel under the conditions of appointment are required to agree to vaccination against smallpox at such intervals as may be determined by the County Medical Officer of Health and the following table shows the number of ambulance personnel vaccinated during the past five years, in accordance with the policy instituted in 1951 for this to be carried out biennially:—

Year	*Smallpox Vaccinations*
1960	116
1961	97
1962	128
1963	93
1964	126

Major Accidents

The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued due to changed circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation, as well as in the light of experiences reported on major incidents in other parts of the country.

Emergency Treatment of cases of acute poisoning

On the 24th October, 1962, an instruction was issued to all Ambulance Station Superintendents on this subject following the receipt of Ministry of Health circular 5/62.

This instruction was revised in the light of further information received from a Regional Hospital Board regarding the general hospitals designated as the preferred receiving centres for cases of poisoning, and Station Superintendents were accordingly advised in a circular letter of the 23rd March, 1964.

National arrangements for dealing with incidents involving radioactive substances

On the 2nd April, 1964, the Ministry of Health issued circular 3/64; this includes instructions for ambulance crews as well as the names of those hospitals which are prepared to accept radiation casualties.

All Ambulance Station Superintendents were advised accordingly in my circular letter dated 9th April, 1964.

Accident and Emergency Services. On the 3rd June, 1964, instructions were issued to all Ambulance Station Superintendents indicating the designated hospitals for the reception of seriously injured persons following the Report of the Sub-Committee of the Standing Medical Advisory Committee of the Central Health Services Council on "Accident and Emergency Services".

Emergency Conveyance of patients by air—Use of Service helicopters

On the 14th October, 1964, the Ministry of Health issued circular 14/64 dealing with the arrangements for the use of Service helicopters. The County Health Committee authorised me and my Deputy to take any necessary decision on the circular and to arrange for the use of helicopters for ambulance transport when considered necessary.

Telecommunications

(*a*) *Equipment* In June, 1960, the G.P.O. introduced new regulations that required all radio-telephone equipment that was put into service after that date to conform to the 25 Kc/s channelling and these regulations became mandatory on June 1st, 1964.

(i) *Mobile Equipment* Of the 90 mobile units which were operating in the Ambulance Service, 56 required to be replaced and 12 sets were capable of modification.

The mobile equipment suggested was the AM 25 B High Power unit.

(ii) *Fixed Station Equipment* With regard to the base station equipment, the only fixed station that was 25 Kc/s, or could be modified to 25 Kc/s, was the one at Alport Height and it was recommended that this station be moved to the Cat and Fiddle site at Buxton and controlled from the Buxton Ambulance Station by the provision of a remote control unit and panel modified for this purpose.

It was further suggested that new V.H.F. equipment be installed at Alport Height and that this station be operated by U.H.F. link equipment from both Ripley and Mickleover.

Tests were carried out in the north-east of the County to improve the radio-telephony coverage and recommendations included the installation of a V.H.F. base station with line-fail talk-through at Pudding Pie Cottage, near Chesterfield, and controlled by G.P.O. land line from the Ambulance Station at Ashgate.

Emergency standby equipment was also suggested to enable Stations to be remotely operated when they were automatically switched to talk-through in the event of a land line failure or mishap.

The County Health Committee approved these recommendations and spread the expenditure over two years.

In 1964, therefore, orders were placed for the whole of the replacement fixed station equipment required, as well as 33 replacement mobile units; arrangements were also made for 12 mobiles to be modified. By the end of the year, none of this equipment had been delivered or work carried out.

The following table indicates the number of mobile equipments operating under the respective fixed stations on 31st December, 1964.

Controlling Base Station	*Sub-Station*	*Number of Mobile Equipments*
Buxton	.. .. ..	10
	Bakewell ..	4
	Glossop ..	4
	New Mills ..	4
Chesterfield ..	.. .. ..	11
	Eckington ..	11
Mickleover ..	.. .. ..	12
	Ashbourne ..	3
	Ilkeston ..	4
	Long Eaton ..	4
	Swadlincote ..	4
Ripley	.. .. ..	11
	Heanor ..	3
	Matlock ..	5
	Total ..	90

(*b*) *Communications with Hospitals*

During the year a multi-channel transmitter/receiver was installed at the Nottingham General Hospital Casualty Department which provides a means of direct communication between hospital doctors and ambulance personnel whilst accident cases are being conveyed.

This arrangement is similar to that which was instituted at the Derbyshire Royal Infirmary in 1962.

Premises

During the year the building of a new Ambulance Station at Ashgate was commenced. This building, which was to replace unsatisfactory adapted premises, comprises a two storey C.L.A.S.P. administrative block and garage accommodation for 14 vehicles.

Personnel

(*a*) *Training*

In February, 1964, a series of further Civil Defence courses were started for all operational personnel in the general and functional subjects of the Ambulance and First Aid Section. This training supplemented that given in 1962/63 and took the form of a series of two-day courses, running simultaneously in the north and south of the County.

(*b*) *Safe Driving Awards*

The following table shows the results of the 1964 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years:—

Year	*Entered*	*Not Eligible*	*Disqualified*	*Diploma*	*5 Year Medal*	*Bar to 5 Year Medal*	*10 Year Medal*	*Bar to 10 Year Medal*	*15 Year Brooch*	*Bar to 15 Year Brooch*	*20 Year Brooch*	*Bar to 20 Year Brooch*	*Exemptions*
1959	192	7	21	100	9	24	9	8	2	1	1	1	9
1960	181	12	20	85	12	25	4	14	–	3	–	2	4
1961	202	5	23	101	9	35	2	16	–	1	–	2	8
1962	215	6	34	88	14	41	3	17	–	2	–	2	9
1963	222	6	41	77	15	41	6	19	4	1	1	1	10
1964	217	9	33	78	10	45	6	17	6	5	–	1	7

The total number of accidents in which Ambulance Service vehicles were involved during the year was 140 compared with 162 for 1963.

When considering the accident rate it must be borne in mind that the rules laid down by the Royal Society for the Prevention of Accidents are strictly applied and that every accident, no matter how trivial is reported and investigated.

The high standard of finish of the modern ambulance body work may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles must at all times be of the highest order to preserve the condition of the vehicles.

During the year, the attention of all drivers was drawn to an analysis of the principal causes of accidents which occurred in the Ambulance Service during the financial year 1963/64 and advice given on the various aspects of safe driving.

Establishment

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1964:—

Ambulance Station	*Station Superintendent*	*Shift Leaders*	*Senior Drivers*	*Driver Attendants*
Ashbourne	1	–	1	5
Bakewell	1	–	1	6
Buxton	1	4	–	25
Chesterfield ..	1	4	–	27
Eckington	1	4	–	26
Glossop	1	–	1	6
Heanor	1	–	1	5
Ilkeston	1	–	1	7
Long Eaton.. ..	1	–	1	7
Matlock	1	–	1	7
Mickleover	1	4	–	26
New Mills	1	–	1	7
Ripley	1	4	–	26
Swadlincote ..	1	–	1	7
Not allocated ..	–	–	–	2
Totals ..	14	20	9	189

Vehicles

During the year, the following replacement vehicles were ordered:–

(*a*) Five Bedford/Lomas Hawson Easy Access Ambulances (2/4 stretcher type) on the J1 chassis.

(*b*) Two Bedford/Lomas Hawson Easy Access Dual Purpose Ambulances on the J1 chassis.

(*c*) Four Bedford/Lomas Junior Dual Purpose Light Ambulances on the CAL chassis.

Six of the eleven ambulances ordered in 1964 were delivered during the year whilst four ambulances, two light ambulances and one sitting case car were passed out of service, resulting in a net decrease of one vehicle by 31st December, 1964.

The following vehicles were operational on the 31st December, 1964:—

Location	*Number of Ambulances*	*Number of Light Ambulances*	*Number of Cars*
Ashbourne	2	1	–
Bakewell	3	1	1
Buxton	6	3	–
Chesterfield ..	7	4	–
Eckington	7	4	1
Glossop	3	1	–
Heanor	2	1	–
Ilkeston	3	1	–
Long Eaton ..	3	1	–
Matlock	3	2	–
Mickleover	7	3	1
New Mills	3	1	–
Ripley	7	4	–
Swadlincote	4	1	1
Pool	2	4	–
Totals ..	62	32	4

The Ambulance Sub-Committee reviewed the policy of the general replacement of vehicles and it was recommended that future replacements be made on the following lines:—

2/4 stretcher type ambulances — After 8 years' life

Light ambulances — After 6 years' life

The following Table shows the average:
(*a*) daily mileage travelled; (*b*) number of patients conveyed per day; and (*c*) mileage per patient:
compared with similar figures for the corresponding months of the previous four years:

Month	1960			1961			1962			1963			1964		
	Average Daily Mileage	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*
January ..	4,322	567	7.6	4,861	642	7.6	5,053	665	7.6	5,171	686	7.5	5,258	704	7.3
February ..	4,612	617	7.5	4,943	640	7.7	5,131	687	7.5	5,104	725	7.0	5,231	708	7.4
March ..	4,801	640	7.5	4,804	672	7.1	5,058	671	7.5	5,031	685	7.3	4,884	638	7.7
April ..	4,402	577	7.6	4,672	634	7.4	4,922	649	7.6	5,070	663	7.7	5,465	737	7.4
May ..	5,024	666	7.5	5,119	687	7.5	5,261	718	7.3	5,483	724	7.6	5,184	658	7.9
June ..	4,798	640	7.5	5,178	698	7.4	4,859	629	7.7	4,948	623	7.9	5,540	760	7.3
July ..	4,812	636	7.6	4,869	640	7.6	4,978	637	7.9	5,320	707	7.5	5,432	742	7.3
August ..	4,766	625	7.6	4,836	619	7.8	4,820	616	7.8	4,805	613	7.8	4,844	642	7.5
September	4,875	653	7.4	4,920	637	7.7	4,966	634	7.8	5,095	677	7.5	5,477	748	7.3
October ..	4,805	641	7.5	4,855	626	7.7	5,189	683	7.6	5,503	728	7.5	5,402	749	7.2
November..	5,123	704	7.3	5,009	659	7.6	5,203	689	7.6	5,267	706	7.5	5,534	771	7.2
December	4,661	606	7.7	4,487	570	7.9	4,458	579	7.7	4,772	625	7.6	5,206	713	7.3
Averages for the year	4,750	631	7.5	4,879	644	7.6	4,991	655	7.6	5,130	680	7.5	5,206	714	7.4

The following Table shows the number of patients conveyed and the mileages covered by Ambulances, Light Ambulances and Sitting Case Cars during the year.

1964	*Cars*			*Light Ambulances*			*Ambulances*			*Totals*		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*
January	3	803	8,491	26	6,346	53,418	540	14,683	101,075	569	21,832	162,984
February	4	733	7,458	39	6,289	49,242	536	13,505	95,012	579	20,527	151,712
March	9	661	8,764	33	5,751	47,673	539	13,370	94,966	581	19,782	151,403
April	5	715	8,032	30	6,455	52,585	593	14,938	103,329	628	22,108	163,946
May	8	591	8,634	36	5,599	48,065	640	14,215	104,010	684	20,405	160,709
June.. ..	5	520	7,612	33	6,312	52,142	582	15,962	106,434	620	22,794	166,188
July	2	516	6,549	38	6,574	53,631	680	15,923	108,218	720	23,013	168,398
August	—	342	5,127	36	5,927	49,885	653	13,626	95,152	689	19,895	150,164
September	6	535	7,998	30	6,627	53,817	590	15,286	102,494	626	22,448	164,309
October	3	510	6,558	33	6,978	55,582	615	15,743	105,335	651	23,231	167,475
November	4	646	7,913	29	6,756	55,177	581	15,716	103,032	614	23,118	166,122
December	3	769	9,593	31	6,449	51,547	513	14,884	100,251	547	22,102	161,391
Totals	52	7,341	92,729	394	76,063	622,764	7,062	177,851	1,219,308	7,508	261,255	1,934,801

PREVENTION OF ILLNESS—CARE AND AFTER CARE

(Section 28)

The Services provided under Section 28 are now well established. They consist mainly of dealing with the prevention of illness, and the Care and After-Care of persons suffering from physical or mental illness. They deal especially with handicapped persons, and with the provision of sick room equipment and special facilities, such as, hospital type bedsteads, sponge rubber mattresses and wheelchairs. In addition, the Council has, for a number of years, made a grant to the British Red Cross Society in consideration of the assistance provided through their medical loan scheme to Derbyshire residents.

Blindness and Partially-Sightedness

The welfare of the blind and partially sighted is, of course, controlled by the County Welfare Committee, but all applicants for registration have to be medically examined by an approved Ophthalmic Specialist and these applicants are dealt with by my Department. During the year 270 forms of report were received in respect of new applicants for registration. Of this number 241 were registered as blind or partially sighted, and 29 were certified as not blind or partially sighted.

Cataract, Glaucoma and Retrolental Fibroplasia

The following Table indicates the incidence of Cataract and Glaucoma in various age groups from 1955 to 1964 inclusive:—

		Under 50	50–60	60–70	70–	Total
Cataract ..	1955	1	5	19	110	135
	1956	4	6	18	94	122
	1957	2	3	10	99	114
	1958	3	3	9	67	82
	1959	3	1	5	61	70
	1960	4	2	9	53	68
	1961	2	5	9	43	59
	1962	3	2	4	65	74
	1963	1	2	6	63	72
	1964	1	2	9	62	74
Glaucoma ..	1955	1	1	5	14	21
	1956	1	2	5	23	31
	1957	1	—	1	11	13
	1958	—	3	8	17	28
	1959	—	—	4	12	16
	1960	1	2	8	25	36
	1961	1	—	2	14	17
	1962	—	1	5	21	27
	1963	—	1	6	10	17
	1964	—	1	6	27	34

Particular reference has been made to these three conditions. Cataract and Glaucoma are of increasing importance because they are conditions which are found more frequently in the elderly, and as people are living longer a higher proportion are at risk. Retrolental Fibroplasia has apparently disappeared as suddenly as it arose some years ago. Six cases occurred up to 1960, one in 1961 and none during the last three years.

Chiropody

During 1964, the Chiropody Service was extended to include sessions at the County Council Clinics in Frecheville, Hackenthorpe, Hope and Alfreton.

In my annual report for 1960 I wrote at length on chiropody including the qualifications of chiropodists, which at that time occupied a great deal of our attention. Under the Professions Supplementary to Medicine Act, 1960, a Chiropodists' Board has now been set up and accepted applications for registration from established chiropodists up to 30th June, 1963. It will, however, not be until the end of 1965 that the time limit expires during which the Board must publish a register of chiropodists.

In the meantime, various chiropodists have informed us that they have already been told by the Board that they are registered, and instead of the very complicated procedure laid down under the National Health Service (Medical Auxiliaries) Regulations, 1954, we shall in future be able to ask a chiropodist simply whether or not he is registered by the Chiropodists' Board.

It is, however, interesting to look back on the history of chiropody as a Local Authority Service. As far as my records show, the Associations of County Councils and Municipal Corporations were enquiring in 1953 what, in fact, was being done throughout the country when it turned out that four Authorities were providing some form of chiropody service through Section 28 of the National Health Service Act, which, of course, can be capable of a wide interpretation according to the "proposals" which the Minister had approved in the first half of 1948.

Discussions continued up to October, 1955, when the County Councils Association stated that they did not consider that the time was opportune to invite the ministry to agree to "approved proposals" of Local Health Authorities being amended to enable them to provide chiropody.

The next landmark took place in the House of Commons on the 5th December, 1955, when it was stated that the provision of a domiciliary chiropody service would entail considerable expense and although the Government had every sympathy, they had not been able to find the necessary financial means to include this service in their programme.

I have a note, however, that the matter was discussed with the Chairman of the County Health Committee who thought that we might be able to start chiropody in our clinics, though it should not be

extended to cover domiciliary visiting at that time. The matter was in fact reported to the County Health Committee on 27th February, 1956, and it was noted at the time that the Ministry be asked whether in the meantime they would agree to work being done in our clinics and the service be provided free of charge, and that its future development would need careful control.

Unfortunately the Minister of Health replied on 16th March, 1956 that he had not found it possible for financial reasons to sanction any further development in this field. It was the Minister's wish, however, that when the opportunity offered it would be possible to place chiropody high on the priority list for extended services.

The County Health Committee did not let the matter rest there and at the end of 1957 it was decided to press the Minister again to allow chiropody to be started under Section 28. It was agreed that the County Treasurer and I, who were to visit the Ministry of Health on another matter, should raise the subject of chiropody. This we did in January, 1958, and later it was intimated that the Treasury could not agree to chiropody being started during 1958 and 1959. This view was supported by a subsequent letter from the Ministry of Health dated 3rd February, 1958.

The above is written to show that the members of the County Council have for many years had chiropody in the forefront of their minds.

In 1959, the Ministry in circular 11/59 agreed to Local Health Authorities providing a Chiropody Service. This circular was set out in my Annual Report for 1960. The County Council's Proposals, which were approved by the Minister on the 26th October, 1959, are also set out, as well as the qualifications needed by chiropodists to enable them to work for Local Health Authorities.

During 1963 there was little expansion in the service. Clinics were, however, re-started at Dronfield and Frecheville after the original service commenced in March, 1961, had had to be discontinued owing to the resignation of the chiropodist in that area.

At the end of the section there is a list of the chiropody sessions provided at present by the County Health Committee. They are all, of course, conducted in premises owned by the County Council, except at Ashbourne where the clinic is held in St. Oswald's Hospital.

During 1963 a rapid increase took place in domiciliary chiropody which resulted, at the end of the year, in this service being curtailed. The reason was simply financial, because chiropodists could make far more money visiting patients at home than in working at clinics. It should be emphasised that this occurred in only two parts of the County. The larger part of Derbyshire was not affected and domiciliary visiting has, in fact, played only a small role in the work of most of our chiropodists, though it began to increase rapidly in certain areas.

During 1964 domiciliary visiting was re-commenced on a reduced scale and certain conditions were laid down by the County Health Committee regarding the commencing of visiting and the continuation of visiting after the first visit had been paid.

To enable a first visit to be paid a letter is required from the patient's General Practitioner stating that the patient is unable to attend a clinic and that it is necessary for a chiropodist to visit the home for the purpose of carrying out treatment. In some cases the General Practitioner may of course state that while the patient cannot get to a clinic in the ordinary way he or she could travel by ambulance when it is up to the Doctor to make the necessary recommendations.

The main change, however, is with regard to continuation of domiciliary visits and here it is now necessary that the Health Visitors play a more important part and visit more frequently.

It having been decided that a Doctor's certificate is only required for the first visit the Health Visitor will then provide a report and the following up of the case will be her province. It is expected that she will visit at least once a month and make her recommendations to me regarding subsequent attendances by the Chiropodist. It must be clearly emphasised, as this point has occasionally been raised, that the subsequent visits are authorised by me and not by the Health Visitor.

The reason for requiring the Health Visitor to make frequent visits is that it is considered that persons who are in such condition that they require domiciliary chiropody, being usually aged and infirm, may need other forms of advice and treatment apart from chiropody and that they will benefit from the Health Visitor attending regularly (in fact, it may be necessary for her to visit more than once a month).

The above remarks have been incorporated in a standard letter which is now sent to Health Visitors so that there should be no confusion as to the practice in the County.

At the end of 1964, twenty-seven clinics were equipped for chiropody and eighteen chiropodists—two full-time and sixteen part-time—were being employed. The establishment of chiropodists in terms of whole-time officers is 15.

CHIROPODY TREATMENT CARRIED OUT DURING 1964

	Elderly		*Physically Handicapped*		*Expectant Mothers*		*No. of Sessions*
	Patients	*Treatments*	*Patients*	*Treatments*	*Patients*	*Treatments*	
Treatment at Clinics	4,232	15,651	94	286	9	14	2,341
Domiciliary Treatment	164	183	6	6	—	—	—

The following table shows the Chiropody sessions which are being conducted at the time of writing this report:—

Clinic	*Time of Opening*	*Chiropodist*
ALFRETON Grange Street ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
ASHBOURNE St. Oswald's Hospital ..	1st and 3rd Mondays of the month 9.30 a.m. to 12.30 p.m.	T. E. Martin
BELPER Field Lane ..	Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Alternate Wednesdays— 1.30 p.m. to 4.30 p.m.	Mrs. M. D. Bewley
BOLSOVER Welbeck Road ..	Thursday— 9.30 a.m. to 12.30 p.m. 1.45 p.m. to 4.45 p.m.	J. B. Hewitt
BUXTON Bath Road ..	Monday to Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.00 a.m. to 12 noon	Miss B. M. H. Wyse
CHADDESDEN Maine Drive ..	Monday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	C. Ward
CHAPEL-EN-LE-FRITH Eccles Road ..	Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	S. Fletcher
CHESTERFIELD Brimington Road	Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt F. G. Davies
CHINLEY Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	S. Fletcher
CLAY CROSS High Street ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 2.00 p.m. to 5.00 p.m.	A. Roberts

Clinic	*Time of Opening*	*Chirpoodist*
CLOWNE Cresswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	J. B. Hewitt
DERBY Cathedral Road ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White Mrs. C. I. Beattie
DRONFIELD The Grange ..	Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m.	Mrs. H. J. Ellis
ECKINGTON Gosber Street ..	Saturday— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt
FRECHEVILLE Fox Lane ..	1st and 2nd Thursdays— 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	H. Flowers Mrs. H. J. Ellis
GLOSSOP George Street ..	Monday— 10.00 a.m. to 1.00 p.m. Wednesday— 9.00 a.m. to 12 noon	K. Horrox
HACKENTHORPE Main Street ..	1st and 2nd Mondays— 9.30 a.m. to 12.30 p.m. 1st and 2nd Thursdays— 9.30 a.m. to 12.30 p.m.	H. Flowers
HEANOR Wilmot Street	Friday— 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
HOPE Edale Road ..	4th Tuesday— 9.45 a.m. to 12.45 p.m. 2nd Monday— 1.45 p.m. to 4.45 p.m.	S. Fletcher
ILKESTON Albert Street ..	Monday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	C. A. Bewley
LONG EATON 4, Nottingham Rd.	Alternate Mondays— 9.30 a.m. to 12.30 p.m. Tuesdays— 9.30 a.m. to 12.30 p.m. Thursdays— 9.30 a.m. to 12.30 p.m.	Q. J. Beattie C. Ward
MATLOCK Causeway Lane ..	Tuesday — 1.30 p.m. to 4.30 p.m. Thursdays— 9.30 a.m. to 12.30 p.m. Fridays— 9.30 a.m. to 12.30 p.m.	D. Nolan

Clinic	*Time of Opening*	*Chiropodist*
NEW MILLS High Lea Hall ..	Tuesday— 9.00 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.00 a.m. to 12 noon	Mrs. I. Greenhalgh
RIPLEY Derby Road ..	Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mrs. A. White
STAVELEY Lime Avenue ..	Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	J. B. Hewitt
SHIREBROOK Cliffe House, Church Drive ..	Thursday— 2.00 p.m. to 5.00 p.m.	A. Ward
SWADLINCOTE Civic Centre Off Midland Rd...	Wednesday— 9.00 a.m. to 12 noon Friday— 9.00 a.m. to 12 noon	Mrs. M. K. Archer

Exfoliative Cytology

I wrote the following letter to General Medical Practitioners practising in the Administrative County of Derbyshire, as well as the County Council Maternal and Child Welfare Medical Officers, on 9th October, 1964:—

"*Exfoliative Cytology*

For your information, the following is a copy of a short report that I submitted to the County Health Committee of the Derbyshire County Council on 29th June, 1964:—

"A paper on 'Exfoliative Cytology and Screening Procedures' was read by Mr. ———, F.R.C.S., F.R.C.O.G., at the Association of County Medical Officers of Health in London on 25th October, 1963, and a discussion also took place on 7th May, 1964, at a Regional Meeting at Sheffield which was introduced by Dr. Wilson, one of the Senior Medical Officers of the Ministry of Health. A short discussion also took place at the Derbyshire Local Medical Committee on 4th June, 1964, but it is hoped to raise it again at a subsequent meeting, probably on 2nd July.

Exfoliative cytology might reveal cells (intra-epithelial and non-invasive or carcinoma *in situ*) which may later (in 10, 15 or 17 years) develop into clinical carcinoma (invasive growth). Mr.——— views have been reported by the Secretary of the Association of County Medical Officers of Health as follows:—

'He emphasised the point that it was not a technique for diagnosing cancer, and he hoped that in their own area, if there were discussions, they would hammer the point home if people started talking about diagnosing cancer, that it was not a technique for diagnosing cancer.' I think even so exfoliative cytology is a well worth-while procedure.

Dr. ——— the Pathologist, in association with Mr. ——— and other Gynaecologists, have been pioneering the procedure in the south of the County. There is, however, a shortage of trained laboratory technicians (non-medical) in certain parts of the country. In Derbyshire I understand there is a sufficiency of technicians in the south, and one technician is being trained in Derby at the moment to work in due course at the Chesterfield Hospital.

It is most important that the patient's own doctor should have an opportunity of deciding whether he wishes to collect the smears himself, or would prefer this being done by one of the Medical Officers at a County Council clinic. If the Derbyshire Local Medical Committee agree in principle to this line being taken, perhaps you would authorise me to arrange for certain of our medical staff being trained by Dr. ——— and Mr. ——— for the collection of smears, and the purchase of the necessary apparatus, which is not likely to be expensive.

You will appreciate that the examination of the smears in the laboratory is done by non-medical technicians, but if one turns out to be positive (which is not likely to happen in about 995 cases out of 1,000) then the patient is examined by the Gynaecologist to see if the clinical examination confirms the laboratory findings. In my opinion, the patient's own doctor should be informed of a positive result so that he can give a suitable explanation for proper evaluation and so avoid excessive fear, before arranging for the Gynaecologist to confirm the findings. I should say at this stage that it is inadvisable for these smears to be taken on pregnant women as there are a number of disadvantages if it is done at that time.

I would end by saying that this is a very technical subject and it is not easy to give a short definition or to put the position accurately in a few words."

The County Health Committee passed the following Minute after considering the above report:—

"8306. EXFOLIATIVE CYTOLOGY. Resolved to approve the purchase of apparatus necessary for exfoliative cytology and to agree to appropriate medical staff being trained by Dr. ——— and Mr. ——— of Derby in this technique and that examinations be conducted, as necessary, as outlined in the County Medical Officer of Health's Report."

The following is a copy of a letter dated 7th July, 1964, that I have received from the Clerk of the Derbyshire Local Medical Committee:—

"My Committee wishes me to inform you that after its recent consultation with you, as County Medical Officer of Health, about the taking of specimens for exfoliative cytology, it unanimously approves of a patient's own doctor having the opportunity of deciding whether to collect the smears himself or to let this be done by one of the Medical Officers employed at a County Council Clinic."

At the Annual Representative Meeting of the British Medical Association at Manchester on 16th July, 1964, a number of motions on this subject were considered, including one from the Derby Division which reads as follows:—"That the provision of facilities for cervical cytology on a national basis is to be encouraged. It is essential that general practitioners participate in this campaign if they so desire."

Ultimately the A.R.M. passed the following resolution:—"That this Meeting believes that an extension of the cervical smear service would save many lives and much suffering. It avers that it is the Ministry's bounden duty to make adequate facilities for a cytology service for the early detection of cancer available as a matter of top priority through the hospital service with voluntary general practitioner participation".

I thought you would be interested in the following extract from the report of the Central Health Services Council for the year ended 31st December, 1963, preceded by a statement made by the Minister of Health. (This report was ordered by the House of Commons to be printed on 8th July, 1964).

"*Statement by the Minister of Health*

. . . I have asked Hospital Boards to give due priority to the provision of laboratory facilities for cytological tests for the early detection of cervical cancer in women and have arranged training courses in the required techniques for pathologists and medical laboratory technicians . . ."

"*Exfoliative Cytology*

. . . It was generally agreed that reliance should be placed on general practitioners in extending the screening service, and it was to be expected that to an increasing extent there would be pressure on doctors from their own patients. Close liaison would be required between general practitioners and hospital services, so as to ensure that the taking of smears by general practitioners in an area was not begun until the hospital pathology services were able to arrange for the prompt examination of all material sent.

The establishment of special clinics run by local health authorities would seldom be appropriate, although it was recognised that in some areas the best solution might prove to be provision by local health authorities of facilities to help the family doctor in his task, provided that the approval of local medical committees was obtained . . ."

The following is an extract from the Report of the Ministry of Health for the year ended 31st December, 1963, on The Health and Welfare Services presented to Parliament by the Minister of Health in July, 1964:—

". . . *Exfoliative Cytology for Cancer of the Cervix*

The value of exfoliative cytology in the early diagnosis of cancer of the cervix is now fully accepted. In the course of the year there was increasing professional and public interest in the possibility in due course of offering routine screening for cervical cancer to all women at risk. Boards have been encouraged to provide cytological facilities as a service to gynaecologists with the intention of extending it to general practitioners as the service developed, but shortage of trained staff limited the amount of work which most hospital laboratories were able to accept. The situation was reviewed by the Standing Medical Advisory Committee of the Central Health Services Council which recognised that there was a need to provide for routine screening of women in the age groups at risk. The Committee advised that steps should be taken to accelerate the provision of cytological facilities in hospital pathological departments and to encourage the recruitment of pathologists and technicians with special training in cytology.

The Minister has accepted that routine screening for cervical cancer should be available to all women at risk. As a start, screening is advised for women over 35 at five yearly intervals. Boards have been asked to expand facilities for cytology in hospital laboratories and special funds are being provided to meet the running costs of a number of training centres for the staff required. The intention is to rely on general practitioners to carry out the routine screening of their patients, though local health authorities may wish to assist in some areas. Some hospital laboratories are already able to accept smears taken by general practitioners for examination and others will do so as trained staff become available, but it will be some time before a country-wide service can be provided. . ."

The Maternal and Child Welfare Medical Officers on the staff of the County Health Department have been trained by Dr.———— and Mr.———— at Derby in the technique of smear collection. I gather that there is a shortage of trained technicians for doing the laboratory work. There is, however, a sufficiency of technicians in the laboratory at Derby for dealing with the work in the south of the County. I understand a technician employed at the Chesterfield Royal Hospital is being trained in Derby, who will shortly be able to deal with the work in the north-east of the County. It is understood that facilities are also available at Manchester (The Christie Hospital), Nottingham and Sheffield. It may be, however, some time before the service is fully available throughout the Administrative County, due to the shortage of trained technicians, and it would be advisable, therefore, for the service to develop gradually.

It is known that some general medical practitioners favour collecting the smears themselves and have, in fact, been doing so for some time, particularly in the south of the County. In my opinion that is a desirable tendency, but if a family doctor would prefer not to do this work, then perhaps he would be agreeable to patients being referred to one of the County Council's Ante-natal Clinics for an appointment. The addresses and times of the Clinic sessions are in the County Council's "Health Services Handbook" (of which you have been provided with a copy), but if any difficulties arise in connection with the matter, do not hesitate to communicate with me. It has been decided that patients should be advised to attend their family doctors' surgeries after an interval of a fortnight, (Dr.———— thinks this is a sufficient period) to obtain the result of the examination, whether it be negative or positive."

I wrote the following letter to County Council Maternal and Child Welfare Medical Officers on 5th May, 1965:—

"*Exfoliative Cytology*

One of the Maternal & Child Welfare Medical Officers has written to me on the question of the ages of women at which smear collection should take place. I thought, therefore, that you would be interested in the following reply I have written to her, which you may bear in mind when dealing with this matter:—

> "In reply to your letter of 2nd May, 1965, providing the resources for examination of the smears in Pathology Departments are adequate, I have no objection to the smears being collected in women of any age, apart from those that are pregnant, or who are unmarried women in their teens. The pregnant woman, however, should be invited for smear collection as soon as possible after the pregnancy is over.
>
> I would remind you that in my circular of the 9th October, 1964, addressed to General Medical Practitioners practising in the Administrative County of Derbyshire and to Maternal & Child Welfare Medical Officers, the following sentence appeared in the Report of the Ministry of Health for the year ended 31st December, 1963:—
>
> "*As a start*, screening is advised for women over 35 at five yearly intervals"."

I wrote to the Health Visitors in charge of County Council Clinics on 23rd April, 1965, (and sent copies for their information to the County Council's Medical Staff, and Health Visitors who are not in charge of County Council Clinics), intimating that the County Health Committee had agreed that the following statement on this subject should be displayed in all County Council Clinics, and that Health Visitors should draw the attention of persons attending the clinics to the statement:—

"*EXFOLIATIVE CYTOLOGY*

Commonly called Smear Tests for cancer of the neck of the womb

Derbyshire County Council accepts the value of exfoliative cytology in the early diagnosis of cancer of the cervix of the uterus, and on the 29th June, 1964, the County Health Committee agreed to some of their medical staff collecting smears for cytological examination at certain County Council clinics, and these facilities are now available at:—

Alfreton	Frecheville
Ashbourne	Glossop
Belper	Hackenthorpe
Bolsover	Heanor
Chaddesden	Ilkeston
Chesterfield	Long Eaton
Clay Cross	Matlock
Clowne	Ripley
Derby (Cathedral Road)	Shirebrook
Dronfield	Staveley
Eckington	Swadlincote

The County Medical Officer of Health has consulted with the Local Medical Committee and it has been agreed that the patient's own doctor should have the opportunity of deciding whether to collect the smears himself or to let this be done by one of the medical officers employed at a County Council Clinic.

This is a service involving the co-operation of general practitioners, local health authorities, and the Regional Hospital Boards, the last being responsible for the examination of the smears when taken.

Full particulars of the County Council's provision were sent to all general medical practitioners in Derbyshire by the County Medical Officer of Health on the 9th October, 1964."

Mass Radiography

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time:—

Sheffield Regional Hospital Board.
Nottingham Area No. 2 Unit, based on Nottingham.
South Yorkshire Area Unit, based on Doncaster.
Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board.
Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis).

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some sixty years and has done good work in the campaign against tuberculosis. In January 1959 the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Village Settlements

The demand in this County for accommodation in these Settlements has been very small for some years. There was one male patient in the Sherwood Village Settlement at the beginning of 1964, but he left before the end of the year.

Chest Clinics

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being Officers of the Boards. Nevertheless the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

Incontinence Pads

The Ministry of Health, in a circular dated 29th July, 1963, commended to Local Health Authorities the provision of incontinence pads under Section 28 of the National Health Service Act, 1946; this Authority, however, had been providing them under the Act since 1961, mostly at the request of General Medical Practitioners or the County Council's Home Nurses.

Samples were obtained from various suppliers and examined by the County Health Committee, who accepted the quotation of one firm for a trial period of a year. These pads have supplied a long-felt want to patients suffering from incontinence, and are also a great relief in easing the burden of those looking after them in their own homes. Requests for them have been received in increasing numbers. Particulars of the number of pads supplied are as follows:—

1962— 3,900;
1963— 6,200 (an increase of almost 59%);
1964—11,100 (an increase of over 79% on 1963).

My attention has not been drawn to any problems of disposal.

Protective Pants and Interliners

As a result of a request from the Multiple Sclerosis Society, Manchester Branch, the County Health Committee in May, 1964, agreed to provide, where necessary, a type of incontinence pad which takes the form of "Protective Pants" and "Interliners", and since then a small number has been provided for patients on the recommendation of their doctors.

HEALTH EDUCATION

The following is the official Summary of the "Report of a Joint Committee of the Central and Scottish Health Services Councils", under the Chairmanship of Lord Cohen of Birkenhead, which was appointed in December 1959 "To consider whether, having regard to recent developments in medicine, there are any fresh fields where health education might be expected to be of benefit to the public; how far it is possible to assess the results of health education in the past; and in the light of these considerations what methods are likely to be most effective in future":—

"*SUMMARY*

What is meant by health education

1. It is difficult to fix precise boundaries to health education. We have regarded health education as being involved where the prime purpose of information or instruction is to promote mental or physical health. Four main types of health education programmes are:—

(i) specific action (e.g., vaccination and immunisation);

(ii) habit- or attitude-changing (e.g., avoidance of over-eating; attitude to mental illness);

(iii) support for community action (e.g., for clean air, fluoridation);

(iv) education which leads patients to know when to consult their doctors, especially at the early stage of serious disease.

2. The health educator (see footnote on p. 13) must do more than provide information. He must seek to persuade people to respond to health education measures and to counteract anti-health pressures. notably those which invest particular products or habits with a meretricious glamour.

Need for health education

3. Much health education is already being carried out and considerable success has been achieved in vaccination, immunisation, and community X-ray campaigns. There have also been marked improvements in the standard of maternity and child care, in sanitary cleanliness and food hygiene and, probably, in attitudes to mental illness. Details are given in Chapters II and III. We think that there is clearly a continuing need for health education in these fields, and that insufficient health education is at present being directed towards particular groups, including notably school-children, teenagers, fathers, middle-aged men and those of limited intelligence in all groups.

Subjects for health education

4. Among the subjects on which more education is much needed are human relationships, including sex education; mental health; dental health; the early diagnosis of certain types of cancer; the risks of smoking and overweight; the need for physical exercise; recreation and the proper use of leisure; foot health; clean air; fluoridation. It is notable that the health

habits of middle-aged men are probably worse now than forty years ago; despite advances in treatment their improvement in expectation of life has been slow, and much less marked than among women.

Scale on which health education should be conducted

5. Examination of the results achieved by health education in the past shows that results have been achieved more or less in direct proportion to the scale of the effort and the skill with which personal workers and the mass media have been used, but it is still not clear what results can be expected in the difficult habit-changing fields in which some degree of self-discipline is required. *By comparison with other countries we spend relatively less money on health education staff at national level,* notably on staff concerned with publicity and public relations, *relatively less money on health education organisers at local authority level, and relatively much more money on individual educators (especially health visitors) visiting the homes of individual mothers.* We decided that over the next five years health education should be more vigorously promoted by an expenditure of another £500,000 per year on staff for new, stronger central organisations in England and Wales and in Scotland; on pilot habit-changing campaigns and on social surveys; *and on the strengthening of the new and as yet small profession of Health Educators.* Expenditure of this *amount would be less than two per cent. of what is estimated to be spent annually on advertising sweets and cigarettes.* The new central organisations would actively seek support for health education from a wide range of interests, including the mass media, and commercial and public bodies with an interest in promoting health education.

6. *We think that family doctors and dentists,* hospital medical and nursing staffs, dietitians, pharmacists and *schoolteachers, among others, should be encouraged and assisted to make a more positive contribution to health education than in the past.* Discussions with those responsible for their training should be initiated. A planned field-trial of health education by family doctors over several years would be enlightening.

7. *At local level we think that local authorities should remain in charge of health education. We hope that the skill of the new Health Educators will be used to attract support from a wide range of interests and to provide suitable publicity and other backing for the valuable work now being done by medical officers of health, health visitors, public health inspectors and other staff.*

Techniques of health education

8. The best results from health education have been gained where a master plan has been prepared which has given scope for both the person-to-person approach and the use of the mass media and other publicity techniques. No general laws can be stated about the relative effectiveness of one method or technique as compared with another. All have their places and usually complement each other. Decisions about methods which to use in particular circumstances must depend on the judgment of those in charge who should take the necessary expert advice. People more knowledgeable in all techniques of health education, including publicity, are needed, and *we recommend that the new Health Educators should be thoroughly trained.* Social surveys also need to be used more widely to determine attitudes, and assist the planning of health education programmes.

Anti-health factors

9. There are some habits and practices that undermine the work of health educators. Largely these are due to ignorance and only rarely to deliberate opposition to generally-accepted principles or to securing commercial advantages.

10. A particular obstacle to progress is the belief that medicines, either self- prescribed or prescribed by a doctor, are necessary to regain or preserve health. This belief, which is encouraged by the commercial advertising of proprietary preparations, obscures the very important contribution which people may make to promoting their own health." *Less medicine and more advice" is the precept which should be accepted and advanced by all concerned with the nation's health.*

11. *We recognise that some advertisements make misleading claims and leave people with a false impression about how health can be achieved. But we do not think that statutory control of advertising is the necessary correction.* Many improvements have resulted from voluntary co-operation between advertisers and the medical profession; we hope that the further improvements still needed can be achieved in this way.

Fiscal Policy

12. We consider that taxation is an appropriate instrument to be used to try to lessen the use or consumption of certain products which are deleterious to health; and contrariwise, that the use of commodities which are necessary for health should not be hindered because their cost is increased by taxation. Examples are given in paragraph 205.

Review of Results

13. *We think that the results of health education activities should be reviewed after five years. Meantime it seems to us that expenditure on more health education may produce more worthwhile results than a similar amount added to expenditure on the treatment services, and offers the best prospect of moving many people from a state of sub-health to a state of good health."*

Sir John Peel, presiding at the 2nd Annual Meeting of The British Society for International Health Education, said, among other things: "One seriously wonders sometimes whether in fact a great many of the millions that are being used in building large hospitals—which are partly status symbols—might not be better employed in a broader programme of health education and preventive medicine in countries where the needs are so great."

I have received the following report from Dr. Julia M. D. Corrigan on the activities in Health Education during the year:—

"Staff

Mr. R. Bartle was appointed to the post of Assistant Health Education Officer and took up his duties on 28th September. His enthusiasm has already produced results in our expanding service.

Film Library

We now own 76 films, 26 of which are kept with the projectors in the clinics. The two films "My First Baby", and "Breast Feeding" are the ones retained with each projector for showing at the Relaxation and Mothercraft Classes. Eighteen other films are held on long-term loan and films on various specialist topics are obtained from the large film libraries, when required. There were 817 requests for loan of our films received during the year.

Filmstrip Library

Each main clinic has a set of filmstrips for use at the Relaxation and Mothercraft classes, this makes a total of 120 filmstrips kept in clinics. In addition we have a library of 297 others which are readily

available on request. During the year there were 198 requests for loan of these strips. This is a very similar figure to last year's total and would appear to confirm the fact that the sound films are being very widely used and also that time is being well saved by each clinic having its own set of strips for the Relaxation Classes.

Sound Projectors

Thirteen "Bell & Howell" sound projectors are based at the following clinics:—

Alfreton; Belper; Buxton; Clay Cross; Clowne; Derby; Dronfield; Eckington; Glossop; Hope; Ilkeston; Long Eaton and Swadlincote for use of the County Health staff and the Home Safety Committee. It is hoped to purchase more projectors in the next year.

Filmstrip Projectors

All the County Council's main clinics have their own filmstrip projectors and one other is kept at the County Offices for use by the Central Office staff.

Subject of the Month. 150 posters with supporting leaflets were distributed each month to main clinics and infant welfare centres; general practitioners; factories, day nurseries; youth centres; old people's clubs and several schools on the following subjects:—

January	—	Coughs & Sneezes
February	—	Foot Health
March	—	Eggs
April	—	Smoking & Lung Cancer
May	—	Dental Health
June	—	Eyes
July	—	Food Hygiene
August	—	Holiday Safety
September	—	Do it Yourself Safety
October	—	Fireworks Safety
November	—	Overweight & Diet
December	—	Christmas Safety

The Health Visitors now construct their own displays from the materials we issue each month and extra help is readily available from the County Health Department. It is always surprising and pleasing to see the different displays in the various clinics which have been developed from the same basic materials. The two windows, at Derby and Ilkeston clinics, which can be seen by the general public, have aroused much interest.

Smoking and Lung Cancer The Senior Medical Officer for School Health made visits to schools, youth centres and Parent Teacher Organisations to give talks to show the sound filmstrip "To Smoke or Not to Smoke" and to show the sound films "Smoking and You", "Virginian Venture", "This is Your Lung", "No Smoking" and "The

Smoking Machine". The Assistant Health Education Officer commenced a programme of school visits to show our films and to give talks, and this will, of course, expand next year. There are twelve copies of the sound filmstrip, "To Smoke or Not To Smoke", eight of which are on permanent loan to various Medical Officers of Health, Schools and Youth Centres. The remaining four are kept by the County Health Department for use by the Health Department staff, schools or any other interested bodies. We have "Smoking and Lung Cancer" as our monthly topic once a year and this year posters and leaflets were distributed during April. The Health Visitors constructed very attractive displays which aroused a lot of interest and provoked much discussion.

An exhibition featuring Smoking and Lung Cancer was displayed in the Swadlincote Public Library in conjunction with the Mass Radiography Unit's visit to the area during June.

A special visit by the Central Council for Health Education mobile Unit was made to the County from 25th June to 1st July. The unit spent a day with the following Medical Officers of Health in their local schools:

> Dr. Sutcliffe; Dr. Steede; Dr. Weyman; Dr. Woolgrove and Dr. Allan.

Intensive talks and filmshows were given during the visits to schools and supporting propaganda was displayed and distributed.

Dental Health During the month of May dental health posters and leaflets supported the visit of the General Dental Council's Exhibition Trailer to the County Show at Elvaston and then in schools. The Trailer was a great success at the County Show with its flashing panels, transparencies and models of jaws with the teeth in various states. The Fruit Producers Council kindly arranged for a supply of apples to be available and these were very much appreciated and, in fact, we had to ration them to children only. After the Show the Caravan was moved firstly to a school in Chaddesden and then to Long Eaton. The neighbouring schools within the vicinity of these two schools arranged for groups of children to visit the Caravan. We obtained further supplies of apples for distribution to the children. It is hoped to have a return visit of the Caravan for next year's County Show.

In-Service Training Sessions were held at various times throughout the year for School Medical Officers and Health Visitors. A special one day course was held at the Buxton Conference House on 10th June on "The Care of the Aged" in conjunction with Central Council for Health Education who supplied the speakers. An interesting session was held in the afternoon of that day when, chaired by Dr. Morgan, the County Medical Officer of Health, and enjoyed by everyone, several elderly people answered questions put to them by the staff attending the Conference.

Home Safety Committees There are now ten Home Safety Committees in the County, and the following are a few of their activities, to list them all would take the space of several annual reports!:—

Alfreton and Ripley Dr. Weyman prepared a report on accidents in the home, etc., copies of which were sent to all the local schools. S.O.S. cards were specially printed and then distributed to elderly people. Holiday safety posters were distributed to each school in the area. Home Safety posters were displayed at the Trades Exhibition at the Church Hall, Ripley. Fireworks Safety posters were distributed and a competition was organised in local schools on this topic. Participated in the Newspaper Home Safety Competition organized by the Chesterfield Home Safety Committee.

Blackwell Arranged an exhibition of flame resistant clothing to be exhibited in local schools. Supported the national "Do it Yourself" campaign by displaying posters. Circulated copies of the "Water Code" to schools which participate in sailing. Issued special Pension Book Wallets to old age pensioners. Also issued S.O.S. cards for use by elderly people. Took part in the Chesterfield Home Safety Committee Newspaper competition. Distributed Fireworks Safety posters and leaflets. Distributed Christmas Safety pencils and serviettes.

Buxton Arranged a Home Safety exhibition in the Town Hall during May. Organised, in conjunction with Chapel-en-le-Frith, a Home Safety newspaper competition. Distributed Fireworks safety posters. Supported national "Do It Yourself" campaign. Issued Christmas safety propaganda for display.

Chapel-en-le-Frith Organised, in conjunction with Buxton Home Safety Committee, a newspaper competition. Organised a Home Safety exhibition at beginning of May in Chapel-en-le-Frith. This was visited by a number of schools and the Committee organised an essay competition on the subject of "Home Safety". Also organised a poster competition in local schools.

Chesterfield Organised a newspaper, Home Safety competition in conjunction with various Home Safety Committees throughout the County. Obtained supplies of flame resistant material for distribution to schools for demonstration purposes to the senior girls. Displayed Home Safety propaganda at the Barlow and Marsh Lane Well Dressings. Distributed Fireworks Safety Posters. Distributed Christmas Safety leaflets and handkerchiefs.

Clowne Supported national Sight-Protection campaign by distributing 3,000 leaflets to school children in the area. Distributed Water Safety Charts to all the schools in the area. Supported the national "Do It Yourself" campaign. Distributed Winter Hazards propaganda. Participated in the Chesterfield Home Safety Committee's newspaper competition.

Glossop Supported the national Sight Protection campaign by displaying posters and distributing leaflets and bookmarks. Organised a poster and essay competition in local schools. Organised flame-resistant clothing and material displays in local shops. Supported national Water Safety campaign by displaying posters. Organised a schools Home Safety Quiz. Supported national "Do It Yourself"

campaign. Participated in the newspaper competition organised by the Chesterfield Home Safety Committee. Distributed Christmas Safety leaflets, handkerchiefs and serviettes.

Heanor Issued S.O.S. cards to elderly people in the area. Organised flashing lamps distribution to elderly people, and this excellent idea has now been taken up by the Old People's Welfare Committee. Participated in the newspaper competition organised by the Chesterfield Home Safety Committee. Distributed Fireworks Safety literature. Distributed Christmas Safety serviettes to children's parties and old people's teas.

Swadlincote Supported national "Do It Yourself" campaign by distributing suitable propaganda. Organised a local fireguard campaign with local shops displaying safe fireguards and appropriate posters; with notices in the local press and with the distribution of supporting leaflets. Distributed Fireworks Safety literature. Distributed Christmas Safety leaflets and posters.

Wirksworth Supported national "Sight Protection" campaign by distributing leaflets in local schools. Distributed leaflets in the danger of plastic bags to local schools and shops. Co-operated with a local school in the production of cards bearing "H" for distribution to old people for use in an emergency. Distributed copies of the poster "Careless Cottage" to local junior schools for the children to colour and find the various dangers. Organised a local Fire Prevention week. Organised a Home Safety poster competition in the local secondary schools. Distributed Fireworks Safety posters. Displayed Christmas Safety posters and distributed serviettes to old people's associations in the area for their Christmas parties.

All the Derbyshire Home Safety Committees are members of the North Midland Area 4 Home Safety Group, and send representatives to its meetings held in Nottingham four times a year. This Group has representation to the Royal Society for the Prevention of Accidents. It is one of the most active groups in the County and has put forward many suggestions and motions to R.O.S.P.A.

	AUDIENCE			*SUBJECT*			*Films*
	Child Welfare	*Ante-natal Relaxation and Mothercraft*	*Voluntary Schools and Others*	*Child Welfare and Miscellaneous*	*Ante-natal*	*Home Safety*	
Alfreton	—	49	—	—	49	—	—
Belper	—	39	—	—	39	—	—
Bolsover	—	38	—	—	38	—	—
Buxton	—	48	6	11	48	—	19
Chesterfield	—	30	3	2	30	1	1
Clay Cross	—	41	—	1	41	—	6
Clowne	16	40	2	12	40	5	12
Derby	—	92	—	—	92	—	—
Dronfield	—	31	3	1	31	2	12
Eckington	—	31	—	—	31	—	—
Frecheville	5	25	20	27	25	—	35
Glossop	—	48	—	—	48	—	—
Heanor	—	48	1	13	25	—	12
Hackenthorpe ..	—	38	8	—	38	—	18
Ilkeston	124	186	95	198	104	61	67
Long Eaton	—	47	24	26	47	2	18
Matlock	—	36	—	—	36	—	—
New Mills	—	17	—	—	17	—	—
Ripley	—	57	6	14	57	3	15
Shirebrook	—	47	—	—	47	—	—
Staveley	2	29	21	20	29	—	67
Swadlincote	—	76	31	21	76	1	27"

Venereal Diseases The following is a quotation from a leaflet prepared by the Ministry of Health in consultation with the Home Office and the Department of Education and Science, which sets out in simple form some of the facts about venereal disease, particularly gonorrhoea, in women. This leaflet has been forwarded, for their information, to the County Council's medical staff, Health Visitors and School Nurses, the Matrons of the Day Nurseries and the Mental Welfare Officers:—

"*Venereal Diseases in Women*

This leaflet draws attention to the fact that venereal disease, in its earlier stages, usually produces no noticeable symptoms in women. It is acquired through casual or promiscuous sexual intercourse and is spread by women and girls who are unaware that they are infected and that they can transmit the disease to men.

The leaflet is intended for distribution to social workers, welfare workers and others who may have the opportunity of advising women or girls who have had casual or promiscuous intercourse to attend a clinic for examination. Information on the time and place at which clinics are held can be obtained from the Medical Officer of Health.

The main venereal diseases—syphilis and gonorrhoea—have, in recent years, increased in this country as well as in other parts of the world.

This increase, especially of gonorrhoea, causes concern because:—

(1) It has been going on since 1955.

(2) It was preceded by almost a decade of steady decrease after the peak years, 1946-47, immediately following the 1939-45 war.

(3) It has happened contrary to the general expectation that the rapidly acting and powerful antibiotics (penicillin, etc.) would soon prevail.

(4) Untreated venereal disease may lead to serious illness and spread of infection. It may result in inability to bear children.

The Need for Examination and Tests

Thousands of men without symptoms, knowing or suspecting that they have been exposed to infection by promiscuous sexual intercourse, have attended V.D. clinics for examination and tests to make sure they have not got a venereal disease; only a few of them are found to have gonorrhoea.

Women on the other hand attend for examination and tests much less frequently than men. *Yet out of* 198 *symptomless women who attended a large London clinic in the years* 1961 *and* 1962 *no less than* 124 *were found to have gonorrhoea—and of these infected women* 80 *were under* 25 *years of age.* Most of these girls and young women were sexually promiscuous.

Sexually promiscuous girls and young women, infected with gonorrhoea but having no symptoms, are in danger of serious complications and are the most persistent transmitters of gonorrhoea. If their consorts are also promiscuous they may rapidly add to the total of women infected with gonorrhoea.

The most promising way to break the chain of infection is for any girl or woman who has had casual sexual intercourse, even if only once, to attend a V.D. clinic for examination and tests regardless of the absence of symptoms. She may be sure that the doctors, often women, are gentle and courteous, examination and treatment are painless and *strictly confidential*, and that if V.D. is found the cure is rapid and certain provided that full treatment and supervision are accepted.

The Spread of Venereal Diseases

It cannot be emphasised too often that the venereal diseases are infectious. In adults they are spread by sexual intercourse because initially the germs that cause them are more at home in the sexual organs than anywhere else. Children may also be affected. A woman with syphilis may infect her offspring during pregnancy and a woman with gonorrhoea may infect the eyes of her baby while it is being born. In this country at the present time *gonorrhoea* is by far the commonest of the venereal diseases, and the factors affecting its spread are these:—

(1) *Number of infected persons.* The greater the number, the greater the risk of spread: the less the number, the less the risk of spread.

(2) *Number of susceptible persons exposed to infection.* All persons are susceptible to infection with gonorrhoea because so far as is known immunity never occurs.

(3) *Frequency of contact.* This means the amount of casual or promiscuous sexual intercourse. If one infected person has sexual intercourse with several persons, some or all of these are likely to be infected and they may, in turn, infect others—the process is cumulative.

(4) *Period of communicability.* Infected individuals show no signs o gonorrhoea for from two to ten days after infection but during this stage of apparent health (incubation period) they may transmit infection to others and, of course, thereafter until they have been effectively treated.

(5) *Absence of symptoms in women.* After the incubation period gonorrhoea is usually very obvious in men and they quickly attend for treatment. *But women frequently have no signs at all or the signs are so slight that they are not noticed or are regarded as normal.* In some cases urine may be passed more frequently but this is often put down to a "chill on the bladder". Sometimes there may be discharge from the front passage (vagina) but, unless the amount is excessive, no notice is taken of it, especially by those women who always have a slight discharge before or after their menstrual periods. The disease in women may be 'silent' for weeks or even months—in fact the only evidence of its presence may be infection of sexual partners. Prolonged silence of the disease in women is, however, no sign that it is not spreading, and serious acute illness may occur and often lead to more or less permanent ill-health.

Once infection has occurred, only prompt examination and tests followed by the necessary treatment will restore health to the patient and prevent the spread of the disease to others."

The following films are available to schools upon request:— "Human Reproduction"; "The Story of Menstruation"; "The Best of Yourself"; "Your Body during Adolescence"; "The Innocent Party"; "Boy to Man" and "Your Skin".

The films have been requested 71 times during the year. The following filmstrips are also available to schools:—

"The Way in which we Grow"; "Young People Growing Up"; "How Life is Handed On"; "Sex and Society"; "Good Grooming"; "Feminine Hygiene"; "Sex Education, Part I"; "Sex Education, Part II"; "The Story of a Baby";

and these have been requested 19 times. If these films and filmstrips are shown by our staff it is always as part of a series of talks on health and hygiene. Particular mention must be made of the series of lectures given at Chesterfield Technical College by Miss Rowland one of our Health Visitors. Attendance to the lectures was voluntary. Miss Rowland began with a good audience and ended by having every

available student in the college attending. We acquired a film dealing specifically with venereal disease "Innocent Party", at the latter end of the year and this has proved very useful having been requested eight times in the two months we have had it. It is hoped to purchase another film on this subject next year. A selection of leaflets on venereal disease is always available and has been much appreciated.

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements

The Home Help Service, outside the Borough of Chesterfield, is under the day-to-day control of the County Home Help Organiser, supervised by the appropriate Medical staff. There are seven Area Organisers, including one in Chesterfield Borough.

Further expansion of the service has continued during the year. More Home Helps have been appointed and it has been possible to provide help for more people and for longer periods.

The progress of the scheme during recent years is indicated in the following figures:—

	1960	1961	1962	1963	1964
Home Helps ..	334	413	497	508	599
Cases Served ..	2,156	2,446	2,878	3,177	3,609
Area Home Help Organisers ..	5	6	6	7	7

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service in this county during recent years, as shown by the following figures (which do not include Chesterfield):—

Year	*No. of Old Persons assisted*
1952	192
1953	297
1954	460
1955	580
1960	1,504
1961	1,752
1962	2,071
1963	2,309
1964	2,697

Availability of the Service

The Area Home Help Organisers may be contacted at the following places:—

(1) *North-West of the County*—Mrs. Hopkins—Buxton Clinic, Tel. Buxton 4451—10.30 a.m.-11.30 a.m.

(2) *North of the County*—Miss Haythornthwaite—Eckington Clinic, Tel. Eckington 2591—10.30 a.m.-11.30 a.m.

(3) *North-East of the County*—Mrs. Brown—Clay Cross Clinic, Tel. Clay Cross 3175—10.30 a.m.-11.30 a.m.

(4) *Centre of the County*—Miss Priestley—Ripley Clinic, Tel. Ripley 872—10.30 a.m.-11.30 a.m.

(5) *South-East of the County*—Mrs. Holmes—Ilkeston Clinic, Tel. Ilkeston 5198—10.30 a.m.-11.30 a.m.

(6) *South of the County*—Miss Bracegirdle—Derby Clinic, Tel. Derby 45934—10.30 a.m.-11.30 a.m.

Particulars of the Service are also available from the local health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 66 of the County Council's Health Services Hand Book); the local County Council Clinic or Centre (these are listed under "Districts Separately" in the Hand Book commencing on page 183); or from the County Medical Officer of Health, County Offices, Matlock, (telephone number Matlock 3411).

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield (telephone, Chesterfield 77232).

The service is available in various cases, of which the following are examples:—

(*a*) Maternity.

(b) Where a housewife falls sick or must have an operation.

(*c*) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.

(*d*) Where elderly people are infirm, or one of whom suddenly falls ill.

(*e*) Where several members of a household are ill at the same time.

(*f*) Where a doctor requests that a Home Help is necessary to help with a premature infant.

(*g*) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem:—

(1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

(2) Home Helps for this work could be drawn from three groups:—

(*a*) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.

(*b*) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.

(*c*) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e., that they are over forty years of age and do not have young children of their own.

(3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (Group (2) (*a*) above) would, of course be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (*b*) above) would also be under the close examination and supervision of the Chest Physician.
Ordinary Home Helps (group 2 (*c*)) should be radiographed on appointment and subsequently at six-monthly intervals.
It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.

(4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.

(5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.

(6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps

The present hourly rate for Home Helps is 4s. 1⅞d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay are also paid.

Home Helps are supplied with nylon overalls.

An additional three days holiday each year is allowed to Home Helps after five years service and some qualified for this benefit during the current holiday year.

Employment of Relations

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee

has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty-two per week.

Rules of Assessment

Recovery of the cost (or part of the cost) of providing Home Helps is made in accordance with a scale of assessment. A fixed minimum charge of 5s. 0d. per week for the service was introduced in September, 1960. Many people in receipt of National Assistance are able to recover this amount from the National Assistance Board.

MENTAL HEALTH SERVICE

Procedure for Admission to Hospital

This is the same as for 1963, but of course the figures are different. An increasing number of patients have been admitted informally.

Training Centres

The "Training Centre" sessions held each Monday all day at the County Council's Clinic at Matlock, were discontinued in July, 1964, when it became possible for certain trainees to be transferred to new Training Centres and Hostels.

Routine medical and dental inspections are carried out by the appropriate professional staff of the County Health Department.

Senior Training Centres

The Eaton Vale Senior Training Centre, Long Eaton, to which I referred in my Annual Report of 1963, opened in January, 1964. There are 120 places for subnormal and severely subnormal cases.

Conferences and Courses

Two trainee students were accepted for the two-year diploma course of the National Association for Mental Health, and one was accepted by the Leeds College of Commerce for preparation for the examination leading to the National Certificate to be awarded by the Central Training Council.

Training Centres in the County are used by the National Association for Mental Health as Training Schools for candidates on the Course engaged in their practical training.

Nine members of the Training Centres' staff attended a week's refresher course held at Birmingham during 1964 under the auspices of the National Association of Mental Health. An Assistant Supervisor at a Senior Training Centre was accepted by the National Association for Mental Health for the one-year diploma course at Birmingham for staffs in adult training centres for mentally subnormal adults.

Two Mental Welfare Officers attended an annual conference organised by the Federation of Associations of Mental Health Workers at Blackpool, and two attended a refresher course at Bristol dealing with current problems in Mental Health, organised by the University of Bristol (department of extra-mural studies).

Two Mental Welfare Officers were accepted for the two-year Young-husband course at Leeds commencing in September, 1964.

Hostel for the Subnormal

The Hostel at Chesterfield for young subnormal and severely subnormal boys was opened in September, 1964, at a cost of £44,156 including equipment and furniture. This Hostel will accommodate 22 residents. The children residing in the Hostel attend the adjacent Ashbrook Junior Training Centre.

Hostel for the Rehabilitation of the Mentally Ill

Red House Hostel for the Rehabilitation of the Mentally Ill, to which I referred in my annual report for 1963, was opened in August, 1964, following the appointment of suitable staff. This Hostel has accommodation for 22 residents.

Special Care Unit for the Severely Subnormal

Owing to decorations and adaptations, the opening of the Special Care Unit at Belper has been delayed but it is anticipated that it will be opened early in September, 1965.

Open Days and Sale of Work.

These take place in the various Centres at regular intervals throughout the year. They serve a useful purpose as they help to bring home to the general public the type of child or trainee we are dealing with and the type of training we give, and by doing this we hope to promote a better understanding and sympathy for this section of the community.

Social Clubs

Social Clubs are held in the Senior Training Centres and there is also a club for the mentally ill.

Seaside Holidays

The County Council has rented a holiday camp in Rhyl for two weeks.

Two groups were taken under the charge of the Senior Organiser for Training Centres. The patients from the Junior and Senior Training Centres from the north-east and north-west of the County, as well as the adults attending the Craft Instruction classes went in the first week. In addition a party of females from Whittington Hall Hospital was taken, accompanied by some nurses. The remainder went the following week, as well as a party of male patients from Ridgeway Hospital, accompanied by their nurses. All the Training Centres staff went with the trainees.

This seaside holiday has now been arranged for some years and is greatly enjoyed by staff and trainees, who renew old friendships and also form new ones.

Voluntary Associations

The Ilkeston and District Society for the Mentally Handicapped presented the Authority with a cheque for £200 towards the provision of a greenhouse at the Eaton Vale Senior Training Centre, Long Eaton.

Numerous gifts have also been received from other voluntary associations.

The National Association for Mental Health

This Association is of assistance in arranging Courses of instruction which are attended by Medical Officers employed in the County Health Department of the Council with a view to their being approved under the Medical Examinations (Subnormal Children) Regulations, 1959. It also arranges for Courses in connection with the obtaining of the Diploma of the Association, whereby suitable candidates who are interested in the work of Training Centres are selected to attend these Courses which are held under their auspices. In addition, the Association arranges annual residential refresher courses for personnel who work in the Training Centres. Occasionally, it arranges conferences relating to matters dealing with Mental Health. The County Council make an annual subscription of £30 to the Association.

Co-ordination with Regional Hospital Boards and Hospital Management Committees

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers have continued to visit the mentally handicapped and reports on home circumstances are submitted to Hospitals in respect of patients on leave from Hospitals.

Most of the visiting of the mentally ill and the sub-normal and severely sub-normal patients is now carried out on an informal basis. Efforts are now made to find work for some of the patients who have been discharged from Hospital to the community. Others, of course, are attending craft instruction classes and Adult Training Centres.

Under the National Health Service Act, the responsibility for mentally sub-normal and severely sub-normal patients on leave from Hospitals rests with the various Hospital Management Committees, but since many of the Hospitals do not employ their own Social Workers, arrangements are made with the Medical Superintendents to have the work done by Officers of the Local Health Authority.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those Hospitals.

Work undertaken in the Community

(*a*) *Under Section 28 of the National Health Service Act*, 1946.

The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally handicapped. The Officers visit the patients in their homes bi-monthly or quarterly, but more frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance offices and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Mental Welfare Officers on their visits.

(*b*) *Under the Mental Health Act*, 1959. *Admission to Hospitals.*

During the year 1964, as shown in the following table, 1,485 patients were admitted to Mental Hospitals and in respect of 463 of these, Orders were obtained by the Mental Welfare Officers. Also, advice and information was given to patients and relatives in the case of a number of patients admitted informally under the Mental Health Act. It is noteworthy that approximately 68.5% of the cases were admitted informally under the Mental Health Act, 1959, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment may bring about recovery.

Admissions to Hospitals for the Mentally Ill

During the period 1st January, 1964, to 31st December, 1964, the following numbers of patients were admitted to hospitals for the mentally ill:—

Hospital	*Males*	*Females*	*Total*
Pastures Hospital, Mickleover	475	575	1,050
Kingsway Hospital, Derby	86	149	235
St. Thomas' Hospital, Stockport	12	15	27
Scarsdale Hospital, Chesterfield	19	43	62
Parkside Hospital, Macclesfield	24	50	74
Mapperley Hospital, Nottingham	6	7	13
Saxondale Hospital, Radcliffe-on-Trent ..	1	2	3
St. Matthew's Hospital, Lichfield	2	2	4
Middlewood Hospital, Sheffield	–	1	1
Coppice Hospital, Nottingham	–	13	13
St. John's Hospital, Lincoln	1	–	1
Cheadle Royal Hospital, Cheadle, Cheshire..	1	1	2
	627	858	1,485

These patients were admitted in the circumstances set out below:—

Mental Health Act, 1959	*Males*	*Females*	*Total*
Informal Admissions (Sec. 5)	420	597	1,017
Admissions for Observation (Sec. 25) ..	24	45	69
Admissions for Treatment (Sec. 26)	9	11	20
Emergency Admissions for Observation (Sec. 29)	169	205	374
Court Orders for Admission (Sec. 60).. ..	3	–	3
Removal to Hospital of Persons serving sentences of Imprisonment (Sec. 72)	1	–	1
Persons ordered to be taken in custody during Her Majesty's pleasure (Section 71) ..	1	–	1
	627	858	1,485

Many cases originally admitted under Section 29 of the Mental Health Act have been re-admitted, some on several occasions, during the year for further treatment after a short stay in hospital. This quick re-admission rate has, of course, given rise to a large number of emergency admissions under Section 29 of the Mental Health Act, many of them being the same patient.

(*c*) *Cases Under Guardianship*

The cases under Guardianship Orders were visited occasionally by the Senior Medical Officer for Mental Health, as well as regularly by Mental Welfare Officers.

At the 31st December, 1964, there was one patient under Guardianship (under the Local Health Authority). This is a female, (severely sub-normal), over 16 years of age.

(*d*) *Admissions to Hospitals for the Mentally Subnormal*

The following table shows the number of patients admitted during the year 1964:—

	Under age 16		*Over age 16*		*Total*		*Total Cases*
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	
Informal admissions	6	11	4	5	10	16	26
Admissions under Order:—							
Section 2 (Children Act)	2	—	—	—	2	—	2
Section 25	—	—	—	1	—	1	1
Section 26	—	—	—	2	—	2	2
Section 60	—	—	1	—	1	—	1
	8	11	5	8	13	19	32

Cases urgently awaiting admission to Hospitals for the Mentally Sub-normal, at 31st December, 1964.

Area	*Under 16*		*Over 16*		*Total*		
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*T.*
Manchester Regional Hospital Board area (Population 70,200)	1	2	3	1	4	3	7
Sheffield Regional Hospital Board Area (Population 701,210)	38	14	18	15	56	29	85
Whole County	39	16	21	16	60	32	92

The urgent waiting list has been as follows during the last few years:—

1960	1961	1962	1963	1964
55	104	110	85	92

In addition to these cases on the urgent waiting list there are a number of mentally sub-normal patients awaiting admission to Hospitals when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay

In order to afford some measure of relief to harassed parents of mentally sub-normal children who are awaiting admission to Hospitals, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay, and during the year 165 cases were admitted for periods of two to eight weeks. This figure also includes cases admitted for short term care through the Manchester Regional Hospital Board, and elsewhere. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the child. Other periods of short term care have been arranged on account of the mother herself being admitted to hospital.

NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959

MENTAL HEALTH STATISTICS FOR 1964

Part 1.

	Guardian	Mentally ill				Psychopathic				Sub-normal				Severely sub-normal				Total Sub-normal and severely Sub-normal		Grand Total of cols. (1) to (16)
		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over				
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Under 16	16 & over	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. (*a*) Admissions to guardianship during the year	L.H.A.																			
	Other																			
(*b*) Total number under guardianship at end of year	L.H.A.																1		1	1
	Other																			

General Note The four classifieations of mental eategory are not mutually exelusive, and patients with a dual elassifieation should be reeorded as follows:—

(*a*) Mental illness of a degree whieh would justify detention (whether or not the patient is in faet detained) combined with any other eondition—alloeate to mental illness.

(*b*) Mental subnormality or severe subnormality combined with psyehopathic disorder—allocate to mental subnormality or severe subnormality.

(*c*) Mental illness of a degree not justifying detention combined with psycopathic disorder and/or mental subnormality—allocate to either mental illness or mental subnormality or to psychopathic disorder aceording to the type of hospital in whieh treatment has been given, or aeeording to the major disorder.

2. Number of Patients under L.H.A. care at 31.12.64	Mentally ill				Psychopathic				Sub-normal				Severely sub-normal				Total Sub-normal and Severely Sub-normal		Grand Total of cols. (1) to (16)
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16	16 & over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) Total number	—	3	333	466	1	—	20	9	15	8	163	209	191	131	298	269	345	939	2,116
(b) (i) Attending day training centre (Including Craft Classes)	—	—	1	—	—	—	—	—	9	8	33	30	99	75	96	77	191	236	428
(ii) Awaiting entry thereto	—	—	5	2	—	—	—	—	—	—	26	31	10	4	47	59	14	163	184
(c) (i Resident in residential training care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) (i) Receiving home training	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	3	3
(ii) Awaiting home training	—	—	—	—	—	—	—	—	—	—	1	2	1	—	2	8	1	13	14
(e) (i) Resident in L.A. home/hostels	—	—	4	—	—	—	—	—	—	—	—	—	10	7	1	2	17	3	24
(ii) Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	3	8	7	5	16	31	12	58	70
(iii) Resident at L.A. expense in other residential homes/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
(iv) Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e)	—	3	323	464	1	—	20	9	6	—	103	151	81	52	160	137	139	551	1,510

3. Number of children under age 16 attending day or residential training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (16)	Male	Female
	Nil	Nil

Notes

1. Figures should refer to the Authority's own patients only, including those attending a centre belonging to another Authority.
2. As it is possible for patients to be included in more than one of the categories listed, item 2(*a*) may not be a total of items 2(*b*) to (*f*), but is intended to be the total number of patients under care at the end of the year. Patients receiving or awaiting voluntary services should be included. Item 2(*e*) should not include patients already included in item 2(*c*).

Part II.

Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1964

	Mentally Ill				Psychopathic				Sub-normal				Severely-sub normal				Total subnormal and severely subnormal		Grand Total of cols. (1) to (16)
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Under 16	16& over	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.64 (*a*) In urgent need of hospital care	—	—	5	4	—	—	—	—	1	—	2	4	38	16	19	12	55	37	101
(*b*) Not in urgent need of hospital care	4	2	—	—	—	—	—	—	—	—	2	—	16	12	15	15	28	32	66
(*c*) Total	4	2	5	4	—	—	—	—	1	—	4	4	54	28	34	27	83	69	167
2. Number of admissions for temporary residential care (e.g. to relieve the family) (*a*) To N.H.S. hospitals	—	—	—	—	—	—	—	—	1	2	5	9	68	27	31	22	98	67	165
(*b*) To LA. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1
(*d*) Total	—	—	—	—	—	—	—	—	1	2	5	9	68	28	31	22	99	67	166

Note Persons shown in item 1 above should also be included in the figures of patients under L.H.A. care in item 2 of Part I of this form.

Part III.

Number of patients referred to Local Health Authority during year ended 31st December 1964

Referred by	Mentally Ill				Psychopathic				Sub-normal				Severely-sub normal				Total Sub-normal an d Severely Sub-normal		Severely Sub-normal Grand Total of cols. (1) to (16) (19)
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16	16 & over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	(17)	(18)	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
(*a*) General practitioners	15	10	458	625	—	—	7	4	—	—	2	—	6	4	—	1	10	3	1,132
(*b*) Hospitals, on discharge from in-patient treatment	3	10	254	365	—	—	6	3	—	—	2	6	3	—	2	1	3	11	655
(*c*) Hospitals, after or during out-patient or day treatment	—	3	81	96	—	—	4	1	—	—	—	—	1	—	—	—	1	—	186
(*d*) Local education authorities	—	—	—	—	—	—	—	—	2	2	9	6	25	17	1	2	46	18	64
(*e*) Police and courts	—	—	32	30	—	—	1	3	—	—	4	—	—	—	1	1	—	6	82
(*f*) Other sources	—	—	63	89	—	—	1	1	1	2	1	6	12	9	—	3	24	10	188
(*g*) Total	18	23	888	1,205	—	—	29	12	3	4	18	18	47	30	4	8	84	48	2,307

Note Only one referral should be recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

APPENDIX I

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH STATISICS FOR 1964

BIRTHS

Part A. BIRTHS

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area.

	Live Births		Stillbirths		Total Births	
	Actual (1)	Adjusted (2)	Actual (3)	Adjusted (4)	Actual (5)	Adjusted (6)
1. Domiciliary ..	4,773	4,777	36	36	4,809	4,813
2. Institutional ..	4,818	9,593	75	208	4,893	9,801
3. Total	9,591	14,370	111	244	9,702	14,614

Part B. PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
	Total births	within 24 hours of birth	in one and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1 2lb 3oz. or less	28	21	2	1	3	2	—	—	1	—	—	—	20	3
2 Over 2lb 3oz. up to and including 3lb 4oz.	39	10	4	—	5	2	—	—	7	1	—	—	35	4
3 Over 3lb 4oz. up to and including 4lb 6oz.	110	8	3	2	14	1	—	—	18	1	1	—	37	6
4 Over 4lb 6oz. up to and including 4lb 15oz.	172	4	1	—	16	—	—	—	10	—	1	—	16	1
5 Over 4lb 15oz. up to and including 5lb 8oz.	286	3	1	2	122	—	1	—	12	1	1	2	20	3
6 Total	635	46	11	5	160	5	1	—	48	3	3	2	128	17

1 = 1,000g. or less, 2 = 1,001–1,500g, 3 = 1,501–2,000g, 4 = 2,001–2,250g, 5 = 2,251–2,500g.

CLINIC SERVICES

Part A. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance		Number of sessions held by				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical officers	Midwives	G.P's employed on a sessional basis	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2,043	213	1,078	76	1	47	1,202

NOTES: 1. Cols. (1) and (2) should not include women in attendance at sessions held by their own general practitioners.
2. The actual number of sessions is required *not* sessions equated to half-days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
3. Col. (5) should not include sessions held by general practitioners for their own patients.
4. Figures should include those relating to Clinics provided by Voluntary Organisations.

Part B. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	1,263
		(b)	Domiciliary booked	1,099
		(c)	Total	2,362
2	Total number of attendances during the year			9,011

Part C. CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere (see note 3)	Number of children on "at risk" register at end of year (see note 4)
Born in 1964	Born in 1963	Born in 1959-1962	Total	Medical Officers	Health visitors	G.Ps employed on a sessional basis	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
9,818	8,757	8,180	26,755	1,977	3,249	14	—	5,240	277	4,240

NOTES: 1. The actual number of sessions is required *not* sessions equated to half days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
2. Column 7 should not include sessions held by general practitioners for their own patients.
3. Column 10 should include only children who were referred for special treatment or advice as a result of a medical examination: either to a general practitioner or direct to a specialist, for special diagnosis and/or treatment. This does not include the child found to have a temperature or a cold or some minor condition, whose mother is advised that this warrants a visit to the family doctor. Each referral of the same child for different conditions on different occasions should be counted.
4. An "at risk" register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother etc. All children on the register should be counted, regardless of whether they attend the centre.
5. Figures should include those relating to Centres provided by Voluntary Organisations.

Part D. PREMISES

	Purpose built (1)	Adapted (2)	Occupied on a sessional basis (3)	Total (4)
Number of premises in use at end of year for services shown in parts A–C	* 19	** 8	** 84	111

NOTES: A premise should be counted once only, regardless of whether it is used for more than one purpose. Premises provided by Voluntary Organisations should be included.

A list giving the names and addresses of any clinics (a) discontinued and (b) started during the year should be attached.

* includes Brimington Road, Chesterfield, which is also mentioned on the Chesterfield Boro' Return.

** In the 1963 Return 1 County Council Clinic was shown under "adapted" instead of under "purpose built", and 1 I.W.C., under "occupied on a sessional basis" instead of under "adapted". No Clinics have been closed, but a new purpose built clinic has been opened.

HEALTH VISITING, HOME NURSING AND HOME HELP.

Part A. HEALTH VISITING

	Cases visited by health visitors	Number of cases
1	Children born in 1964	14,199
2	Children born in 1963	13,273
3	Children born in 1959-62	28,638
4	Total number of children in lines 1—3	56,110
5	Persons aged 65 or over	1,982
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	1,414
7	Mentally disordered persons	66
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	38
9	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	423
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	260
11	Number of tuberculous households visited	811
12	Number of households visited on account of other infectious diseases	91
13	Number of tuberculous households visited by tuberculosis visitors	—

NOTES: 1. The list of cases is not comprehensive and other cases which are visited should not be included in the table.
2. If a case is appropriate to more then one line it should be included in all appropriate lines.
3. Figures should include cases visited by voluntary organisations acting as agents of the Authority.
4. In the case of tuberculous households, or other infectious diseases, households only should be counted.
5. No adult case should be included unless some advice or service is given.

Part B. HOME NURSING

1	Total number of persons nursed during the year	13,811
2	Number of persons who were aged under 5 at first visit in 1964	389
3	Number of persons who were aged 65 or over at first visit in 1964	5,800

NOTE: Figures should include those for voluntary organisations acting as agents of the Authority.

Part C. HOME HELP SERVICE

	Home help to households for persons					
	aged 65 or over on first visit in 1964	aged under 65 on first visit in 1964				
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
	(1)	(2)	(3)	(4)	(5)	(6)
Number of cases	2,975	210	3	324	97	3,609

NOTE: All cases should be counted, even if help began in the preceding year. No case should be counted more than once, even if help ceased and recommenced during the year.

DAY NURSERIES, DAILY MINDERS AND REGISTERED NURSING HOMES

Part A. DAY NURSERIES

	Number at end of year (1)	Number of approved places (2)	Average daily attendance (3)
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of N.H.S. Act 1946	5	225	170.7

NOTE: A list giving the names and addresses of any day nurseries (a) opened (b) closed during the year should be attached.

Part B. DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946 Section 22
	Premises registered at end of year		Daily minders registered at end of year	Daily minders receiving fees from the Authority at end of year
	Factory (1)	Other nurseries (2)	(3)	(4)
Number	—	4	12	—
Number of places (Cols. (1) & (2)) and number of children minded at end of year (Col.(4))	—	50		—

Part C. REGISTRATION OF NURSING HOMES UNDER SECTIONS 187 to 194 OF PUBLIC HEALTH ACT, 1936 AS AMENDED BY THE NURSING HOMES ACT, 1963.

		Number of Homes (1)	Number of beds provided		
			Maternity (2)	Other (3)	Total (4)
1	Homes formerly exempted from registration registered during year	—	—	—	—
2	Other homes registered during year	—	—	—	—
3	Homes whose registrations were withdrawn during year	1	—	11	11
4	Homes on register at end of year	4	17	76	93

Names of Councils of County Districts to which the Powers and Duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936.

The powers and duties of the County Council for the respective areas { Chesterfield Corporation; Glossop Corporation; Ilkeston Corporation

MOTHER AND BABY HOMES

Part A.

Name and address of home	Provided by (Local Authority or name of voluntary organisation)
St. Joseph's Borrowash House Borrowash	Catholic Childrens Society, R.C, Diocese of Nottingham,

Part B.

		Number of cases admitted during year (1)	Number of beds at end of year (2)	Average duration of stay (days) (3)
1	Ante-natal	62	17	42
2	Post-natal	2	—	84
3	Shelter	—	—	—
4	Total	64	1	126

5	Number of cots	10	6	Number of cases included above for which Authority accepted financial responsibility	—

NOTE: Cases which extend over more than one category in column (1) should be included in the category which applied at the time of admittance. The length of stay of such cases should be broken down for purposes of column (3).

Part D.

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	73

MEDICAL STAFF ENGAGED ON MATERNITY AND CHILD WELFARE SERVICES AS AT 31st DECEMBER, 1964

Part A. SALARIED MEDICAL STAFF (engaged on maternity and child welfare work)

	Description of post (1)	Number employed	
		whole-time (2)	part-time (3)
1	Senior Maternal and Child Welfare Medical Officer	1	—
2	Maternal and Child Welfare Medical Officers	3	—
3	Assistant County Medical Officers of Health	—	5
4	Assistant Maternal & Child Welfare and School Medical Officers	—	23
5	Medical Officer of Health	—	1
6	Deputy Medical Officer of Health	—	1

NOTE: The posts used should be listed by the Authority in column (1).

Part B. USE OF PREMISES BY GENERAL PRACTITIONERS

Number of general practitioners who used L.H.A. premises during the year for sessions reserved for patients on their list	
For ante-natal or post-natal sessions (1)	For child welfare sessions (2)
—	—

NOTE: General practitioners who hold ante-natal and child welfare sessions should be included in both columns.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN

Part A. DENTAL TREATMENT—NUMBERS OF CASES

		Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year* (3)
1	Expectant and nursing mothers	100	73	49
2	Children aged under 5 and not eligible for school dental service	942	554	354

NOTE: School Dental Service figures should not be included.

* If a patient has more than one course of treatment during the year, each course should be counted.

Part B. DENTAL TREATMENT PROVIDED

		Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radiographs
								Full upper or lower	Partial upper or lower	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Expectant and nursing mothers	28	138	1	—	150	18	9	2	2
2	Children aged under 5 years and not eligible for school dental service	4	146	1,135	—	614	336	—	—	—

NOTE: Figures should refer to number of treatments and not to number of persons.

School Dental Service figures should not be included.

Part C. NUMBER OF PREMISES AND SESSIONS

1	Number of dental treatment centres in use at end of year for services shown in Part B above	7
2	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	178

NOTE: School Dental Service figures should not be included.

STAFF RETURN (OTHER THAN MEDICAL AND DENTAL) AS AT 31st DECEMBER, 1964

Part A. HEALTH AND TUBERCULOSIS VISITING, MIDWIFERY HOME NURSING AND CLINIC STAFF

		Number of whole-time staff (1)	Number of part-time staff (2)	whole-time equivalent of column (2) (3)	Immediate vacancies (4)
1	Total staff	219	106	67.65	19
2	Administrative and supervisory	4	4	2.2	—
3	Health visitors	—	71	49.7	11
4	Tuberculosis visitors	—	—	—	—
5	Home nurses	133	14	7.0	1
6	Midwives	82	16	8.0	7
7	Other S.R.N.	—	1	.75	—
8	Other S.E.N.	—	—	—	—
9	Auxiliary staff	—	—	—	—

NOTES: 1. All staff are to be included in line 1 and also in lines 2 to 9 according to their normal duties. Staff of voluntary organisations acting as agents of the Authority should be included.

2. Staff who are purely administrative or supervisory are to be included in lines 1 and 2 only. Staff who are partly administrative or supervisory should be shown in Col. (2) line 2 and in any of lines 3-9 which are appropriate.

3. All Local Authority Staff who also undertake school health service duties are to be counted as part-time and shown in Col. (2) lines 1-9: The time they spend on school health service duties should be excluded from Part A Col. (3) and shown in Part B. 2.

4. Whole-time staff (excluding those in 3 above) who undertake combined duties should be shown in line 1 Col. (1) as whole-time and in Col. (2) lines 2-9 as part-time against each of the duties normally performed.

5. The following staff should be excluded:
Whole-time school nurses
Students, pupils and health visitor tutors
Staff in nurseries (see Part C)

6. Column (4) should show vacancies which would be filled immediately if possible.

7. Auxiliary staff should include lay clinic assistants and other unqualified staff but not clerical staff.

8. Decimals not fractions should be used in Cols. (3) and (4).

Part B. SCHOOL NURSING

1	Number of staff included in Part A who also undertake school nursing duties	73
2	Total whole-time equivalent of school nursing duties undertaken by these staff	21.9

Part C. NURSERY STAFF

	Nursery supervisors	Matrons		Deputy Matrons		Staff nursery nurses			Other staff (excluding domestics)		
		S.R.N. R.S.C.N. or R.F.N.	Others	S.R.N. R.S.C.N. or R.F.N.	Others	S.R.N. R.S.C.N. or R.F.N.	S.E.N.	Nursery nurses	Wardens	Nursery students	Others
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1 Number in post	—	3	2	1	3	—	—	10	4	20	9
2 Immediate Vacancies	—	—	—	—	—	—	—	—	—	—	—

Part D. HEALTH VISITORS AND TUBERCULOSIS VISITORS

1	Number of group advisors			—
2	Number of health visitor tutors			—
3	Number of qualified staff engaged solely on tuberculosis visiting	(a)	Qualified health visitors	—
		(b)	Qualified tuberculosis visitors only	—
4	Number of health visitors and tuberculosis visitors acting under dispensation	(a)	Engaged solely on tuberculosis visiting	—
		(b)	Others	—

Part E. HOME NURSES

1	Number of S.R.Ns., R.S.C.Ns. and R.F.Ns. not employed solely on administrative and supervisory duties	(a)	Male	—
		(b)	Female	140
2	Number of state enrolled nurses			7
3	Number of nurses who have completed a course of district training			9
4	Number of student district nurses in training at end of year			—

Part F. SUPERVISORY STAFF

1	Is a chief or superintendent nursing officer employed for all nursing services ?	No
2	Number of non-medical supervisors of midwives employed	3
3	Number of superintendent health visitors employed	2
4	Number of home nursing superintendents employed	3
5	If any staff are engaged on a combination of the above duties please specify:	
	Lines 2 & 4. 2 Non Medical Supervisors of Midwives & Home Nursing Superintendents undertake 50% each post.	

Part G. HOME HELP

1	Number of home help organisers and assistant organisers	(a)	Whole-time	8
		(b)	Part-time	—
		(c)	Whole-time equivalent of (b)	—
2	Number of home helps	(a)	Whole-time	194
		(b)	Part-time	405
		(c)	Whole-time equivalent of (b)	258.80

Part H. CARE OF ILLEGITIMATE CHILDREN (Circular 2866)

1	Qualifications of field worker if employed	None employed
2	If a field worker is not employed, what arrangements are made for this work to be undertaken ?	The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

MIDWIFERY STAFF RETURN AS AT 31st DECEMBER, 1964

Part A. DOMICILIARY MIDWIFERY

Domiciliary Midwives Employed by	Administrative and Supervisory staff			Domiciliary midwives		
	Whole-time (1)	Part-time (2)	Whole-time equivalent of (2) (3)	Whole-time (4)	Part-time (5)	Whole-time equivalent of (5) (6)
1 The Authority	1	2	1	82	16	8.0
2 Voluntary organisations acting as agents for the Authority	—	—	—	—	—	—
3 H.M.C. or B.G.				—	—	—

4	Number of midwives approved as teachers included in lines 1-3 above	7

NOTE: The combined figures of domiciliary midwives in lines 1, 2 and 3 (columns 4, 5 and 6) above should agree with the figures in Part A, line 6 on form L.H.S. 27/8.

Part B. OTHER MIDWIVES (not included in Part A)

1	Number practising in the Authority's area (excluding those in N.H.S. hospitals)	—

Part C. PUPIL MIDWIVES

1	Number of pupils who have completed district training in the area during the year as part of a Part II midwifery course	Wholly on the district	—
		Partly on the district	14
2	Number in training at end of year	Wholly on the district	—
		Partly on the district	4

Part D. DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1964

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked (1)	Doctor booked (2)	Total (3)	(4)
270	4,511	4,781	3,467

NOTES 1. This table relates to women delivered, and not, in the case of multiple births, to infants.

2. Cases appropriate to column (4) should not be entered in the other columns.

Vital Statistics of whole district during 1967 and previous years. Dewsbury C.B.

Year	Population	Births			Deaths			Infantile Mortality Deaths under 1 year per 1,000 Births	
		Total Births	Birth Rate	Birth Rate England and Wales	Total Deaths	Death Rate	Death Rate England and Wales	Dewsbury	England and Wales
1927	58,560	870	16·2	16·7	811	15·1	12·3	63·2	69
1928	53,130	860	16·18	16·7	740	13·9	11·7	66·2	65
1929	53,020	813	15·33	16·3	936	17·6	13·4	93·4	74
1930	53,020	872	16·4	16·3	697	13·1	11·4	64·2	60
1931	54,410	743	13·65	15·8	804	14·78	12·3	76·7	66
1932	53,870	795	14·7	15·3	819	15·2	12·0	88·0	65
1933	53,600	762	14·2	14·4	826	15·4	12·3	91·8	64
1934	53,450	734	13·7	14·8	675	12·6	11·8	57·2	59
1935	53,400	761	14·3	14·7	691	12·9	11·7	52·6	57
1936	53,230	788	14·8	14·8	826	15·5	12·1	68·5	59
1937	53,050	805	15·17	14·9	785	14·8	12·4	62·1	58
1938	52,860	753	14·24	15·1	704	13·3	11·6	51·2	53
1939	52,600	763	14·42	15·0	700	13·3	12·1	49·7	50
1940	50,630	754	14·89	14·6	791	15·6	14·3	51·3	55
1941	50,330	745	14·7	14·2	710	14·11	12·9	62·9	59
1942	48,880	848	17·3	15·8	694	14·2	11·6	70·7	49
1943	47,510	891	18·75	16·5	757	15·9	12·1	50·5	49
1944	46,910	979	20·87	17·6	662	14·11	11·9	36·7	46
1945	46,650	848	18·18	16·1	727	15·58	11·4	48·35	46
1946	49,670	1012	20·37	19·1	702	14·13	11·5	41·5	43
1947	50,880	1217	23·91	20·5	751	14·76	12·0	45·19	41
1948	52,550	1015	19·32	17·9	692	13·17	10·8	40·39	34
1949	52,740	1011	19·17	16·7	767	14·54	11·7	30·66	32
1950	53,140	940	17·7	15·8	713	13·4	11·6	24·47	30
1951	52,990	950	17·93	15·5	765	14·44	12·5	35·79	29·6
1952	52,910	897	16·95	15·3	727	13·74	11·3	32·33	27·6
1953	52,990	890	16·79	15·5	727	13·72	11·4	39·32	28·6
1954	53,080	913	17·2	15·2	720	13·69	11·3	44·9	25·5
1955	53,150	867	16·3	15·0	707	13·43	11·7	25·4	24·9
1956	53,270	853	16·01	15·7	719	13·63	11·7	23·4	23·8
1957	53,190	940	17·67	16·1	725	13·9	11·5	20·2	23·0
1958	53,330	919	17·23	16·4	723	13·5	11·7	20·6	22·5
1959	53,390	897	16·8	16·5	762	14·27	11·6	42·3	22·0
1960	53,460	906	16·9	17·1	743	13·9	11·5	25·4	21·7
1961	53,020	969	18·27	17·4	746	14·1	12·0	20·6	21·4
1962	53,520	1001	18·9	18·0	837	15·6	11·9	28·0	21·4
1963	53,790	931	17·3	18·2	770	14·3	12·2	30·1	20·9
1964	53,490	996	18·6	18·4	736	13·7	11·3	24·1	20·0
1965	53,320	918	17·2	18·0	763	14·3	11·5	31·5	19.0
1966	53,020	866	16·3	17·7	777	14·6	11·7	23·1	19.0
1967	52,730	963	18·3	17·2	696	13·2	11·2	30·0	18.3

COUNTY OF DERBY

YEAR	DEATHS FROM VARIOUS CAUSES																																		Death Rate from all Causes, per 1,000 of population*
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes	
1950 ..	154	18	25	–	10	2	10	2	26	224	141	113	73	646	34	63	1,039	716	198	1,433	354	65	204	448	72	63	40	117	56	16	76	857	60	178	81	6	7,620	11.13
1951 ..	119	23	19	–	4	4	4	3	18	218	157	111	65	629	30	59	1,056	835	191	1,522	314	238	284	496	70	79	40	117	66	11	77	841	77	159	71	2	8,009	11.67
1952 ..	110	12	17	–	4	4	6	1	18	202	167	107	43	668	21	73	1,027	825	145	1,428	299	24	251	342	72	70	23	109	54	8	63	687	58	218	73	5	7,234	10.56
1953 ..	113	12	11	–	6	2	3	3	22	199	166	104	46	600	40	48	936	850	162	1,340	336	76	264	382	75	61	27	85	42	6	71	692	62	150	66	2	7,060	10.20
1954 ..	80	12	21	–	3	4	3	–	20	207	165	100	54	614	29	53	1,083	942	173	1,428	372	35	274	402	73	80	36	97	74	8	82	763	80	185	84	2	7,638	11.55
1955 ..	74	10	19	1	2	1	6	3	19	205	173	124	58	590	32	65	1,104	962	143	1,431	434	41	282	383	72	80	33	95	68	4	83	763	77	162	88	2	7,689	11.67
1956 ..	51	6	14	–	1	2	1	–	12	205	233	132	63	681	29	52	1,094	1,069	197	1,371	417	26	316	398	73	81	27	84	58	7	86	666	80	193	74	1	7,800	12.29
1957 ..	51	5	16	–	–	3	2	–	7	198	210	122	55	663	43	59	1,231	1,008	158	1,189	454	102	287	376	93	58	24	80	30	6	76	662	55	204	102	8	7,637	12.13
1958 ..	46	5	8	–	1	1	2	–	10	219	230	134	53	658	25	55	1,223	1,213	169	1,324	408	44	381	455	71	69	30	79	47	6	90	635	106	195	81	5	8,078	12.59
1959 ..	34	5	8	–	–	6	–	1	14	206	250	123	58	714	44	55	1,159	1,190	126	1,170	422	84	322	466	77	63	36	65	42	5	91	659	94	183	78	6	7,856	12.22
1960 ..	39	5	7	–	–	–	–	1	10	215	300	134	60	682	40	61	1,121	1,308	145	1,133	415	15	374	434	81	65	40	79	47	4	74	615	96	201	72	4	7,877	12.11
1961 ..	29	8	15	–	2	2	–	–	13	216	267	141	58	640	38	67	1,176	1,312	144	1,191	446	178	469	538	111	70	47	62	43	4	88	606	119	188	72	2	8,362	12.83
1962 ..	33	3	11	–	–	2	–	–	15	201	276	140	60	675	36	61	1,238	1,520	138	1,153	440	56	455	491	124	90	39	67	29	4	99	609	99	190	80	4	8,438	12.80
1963 ..	27	5	11	–	–	1	–	6	8	201	296	149	58	660	47	66	1,182	1,504	151	1,156	453	12	449	533	108	70	29	68	30	4	67	586	112	122	70	3	8,344	12.31
1964 ..	24	2	9	–	1	5	–	1	14	186	308	143	67	756	43	72	1,213	1,605	120	1,024	416	30	436	538	95	77	44	58	39	3	59	568	97	160	83	3	8,299	12.15

* Adjusted from 1954 onwards having regard to the "area comparability factor" provided by the Registrar-General (see note on pages 13 & 14).